

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P02000028539

1. Corporation Name

INNOVATIVE INVENTIONS INCORPORATED

Principal Place of Business

2509 SUCCESS DRIVE #1
ODESSA FL 33556

Mailing Address

2509 SUCCESS DRIVE #1
ODESSA FL 33556

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/15/2002

5. FEI Number

43-1953789

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	KWILINSKI, CHRISTOPHER M	2509 SUCCESS DRIVE #1	ODESSA FL 33556
VP	DEVRIES, ROB W.	2509 Success Dr.	Odessa, FL 33556
S	HOPPER, DOUGLAS G.	2509 Success Dr.	Odessa, FL 33556

200023771072

10/14/03--01010--035 **750.00

8. Name and Address of Current Registered Agent

FINANCIAL FOUNDATIONS, INC.
3150 SANDY RIDGE DR
CLEARWATER FL 33761

9. Name and Address of New Registered Agent

Name

Christopher M. Kwilinski

Street Address (P.O. Box Number is Not Acceptable)

2509 SUCCESS DR.

Suite, Apt. #, Etc.

City

ODESSA

State

FL

Zip Code

33556

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

Christopher M. Kwilinski

REGISTERED AGENT MUST SIGN

Date

10/09/2003

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Douglas G. Hopper

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DOUGLAS G. HOPPER 10/9/03

Date

Daytime Phone #

727-373-8771

CR2E040 (7/03)