

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 FEB 12 PM 2: 08

DOCUMENT # P02000071796

1. Corporation Name

INNOVATION REALTY OF TALLAHASSEE, INC.

2. Principal Office Address

1617 S Adams St 2nd Floor
Tallahassee, FL 32301
Suite, Apt. #, etc.

3. Mailing Office Address

1617 S Adams St 2nd Floor
Tallahassee, FL 32301
Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number

41-2048571

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Betsy Henderson

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

1617 S Adams St 2nd Floor

Suite, Apt. #, Etc.

City

Tallahassee

State
FL

Zip Code 32301

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Betsy Henderson

Date

REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres. S/T	Betsy Henderson	1617 S Adams St.	Tallahassee, FL 32301

10. 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:

Betsy Henderson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)



Certified Public Accountants

David S. Beidel, C.P.A.
Connie J. Waldo, C.P.A.

Members of
American Institute of
Certified Public Accountants
Florida Institute of
Certified Public Accountants

January 30, 2004

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Via: Hand Delivery

Re: Innovation Realty of Tallahassee, Inc.
Document # P02000071796
Application for Reinstatement

Dear Sir/Madam,

Enclosed please find the second Application of Reinstatement for the above named corporation. On behalf of the corporation we contacted your office to ascertain the reason for this notice, since the filing was made on 8/29/03 along with necessary fees of \$550. According to the department representative, a notice was sent to corporation of incomplete information, however this notice was not received. We have previously supplied the missing information and respectfully request that the fees be waived under these circumstances. Unfortunately this filing has been misdirected and not recorded by your office. To avoid this problem, we are hand delivering the filing along with necessary fees.

Please contact our office with any questions, Thanks in advance for your time and consideration.

Sincerely,

A handwritten signature in cursive script that reads 'Mark Beidel'.

Mark Beidel, CPA

cc: Innovation Realty of Tallahassee, Inc,