

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000110609

1. Entity Name
INNOVATION ADS INTERNATIONAL, INC.



FILED

08 NOV 25 PM 4:23

RECEIVED BY STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

477 S. ROSEMARY AVE.
#301
WEST PALM BEACH, FL 33401

Mailing Address

477 S. ROSEMARY AVE.
#301
WEST PALM BEACH, FL 33401

2. Principal Place of Business - No P.O. Box #
1700 Meridian Ave.

3. Mailing Address
1700 Meridian Ave.

Suite, Apt. #, etc.
501

Suite, Apt. #, etc.
501

10272008

REIN-P

CR2E098 (1/07)

City & State

Miami Beach, Florida

City & State

Miami Beach, Florida

4. FEI Number

20-1432404

Applied For

Not Applicable

Zip

33139-1842

Country

USA

Zip

33139-1842

Country

USA

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FRIEDLAND & CO., P.A.
12940 SOUTHWEST 128TH ST.
#202
MIAMI, FL 33186

7. Name and Address of New Registered Agent

Name

Iain Grae

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

1700 Meridian Ave., Unit 501

City

Miami Beach

FL

Zip Code

33139-1842

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title (applicable).

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$750.00
After January 1, 2009, Fee will be \$900.00

10. OFFICERS AND DIRECTORS

TITLE ☒ PRESIDENT ☐ Delete
NAME GRAE, IAIN
STREET ADDRESS 477 S. ROSEMARY AVE., STE 301
CITY-ST-ZIP WEST PALM BEACH, FL 33401

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ PRESIDENT ☐ Change ☐ Addition
NAME GRAE, IAIN
STREET ADDRESS 1700 MERIDIAN AVE., UNIT 501
CITY-ST-ZIP MIAMI BEACH, FL 33139-1842

TITLE ☐ Change ☒ Addition
NAME VICE PRESIDENT
STREET ADDRESS MICHAEL LASTORIA
CITY-ST-ZIP 1700 MERIDIAN AVE, UNIT 501
MIAMI BEACH, FL 33129-1842

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/25