

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
10 APR 20 PM 1:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

300176539543
04/20/10--01020--027 **750.00

REINSTATEMENT 02-10

DOCUMENT # P05000153858

1. Corporation Name

INVESTA MOVEMENT, INC

2. Principal Office Address - No P.O. Box #

351 AVENUE L, NE

Suite, Apt. #, etc.

3. Mailing Office Address

351 AVENUE L, NE

Suite, Apt. #, etc.

City & State

WINTER HAVEN

City & State

WINTER HAVEN

Zip

33881

Country

USA

Zip

33881

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number
06-1762128

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

LEROY SMITH

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

351 AVENUE L, NE

Suite, Apt. #, Etc.

City

WINTER HAVEN

State

FL

Zip Code

33881

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Leroy Smith

REGISTERED AGENT MUST SIGN

Date 04/15/2010

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
PTSD	SMITH, LEROY	351 AVENUE L, NE	WINTER HAVEN, FL 33881

10. E-mail Address:

(To be used for future annual report notification)

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. I further certify, 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:

Leroy Smith

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/15 10

Daytime Phone #

863-401-5534