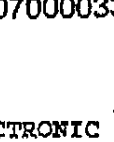


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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED 09 OCT 29 AM 5 SECRETARY OF STATE TALLAHASSEE, FL	
DOCUMENT # P07000033656					
1. Corporation Name INNOVATIVE ELECTRONIC DATA SERVICES INC.					
2. Principal Office Address - No P.O. Box # 17854 CIRCLE POND CT		3. Mailing Office Address 17854 CIRCLE POND CT		REINSTATEMENT CR2E081 (12/08)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State BOCA RATON FL		City & State BOCA RATON FL			
Zip 33496	Country USA	Zip 33496	Country USA		
4. Date Incorporated or Qualified To Do Business in Florida 03/15/2007				5. FEE Number ☐ Applied For ☒ Not Applicable	
6. CERTIFICATE OF STATUS DESIRED ☐				6.75 Additional Fee to Secure for a Certificate of Status	
7. Name and Address of Current Registered Agent Name CORPORATE CREATIONS NETWORK, INC. Street Address (P.O. Box Number is Not Acceptable) 11380 PROSPERITY FARMS ROAD #221E Suite, Apt. #, Etc. City Palm Beach Gardens					
				State FL Zip Code 33410	
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0506 or 617.0503, F.S. Signature of Registered Agent <i>Valerie Hawk</i> Valerie Hawk, Special Secretary Date 10/28/09 REGISTERED AGENT MUST SIGN					
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip		
D	STACY MCCALL	17854 CIRCLE POND CT	BOCA RATON FL 33496		
10/28/09					
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 contained in Chapter 119, 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: <i>Stacy McCall</i>		STACY MCCALL, D		Date 10-28-09	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

Florida Department of State
Division of Corporations
Public Access System

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To:

Division of Corporations
Fax Number : (850)617-6384

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.
Account Number : 110432003053
Phone : (561)694-8107
Fax Number : (561)694-1639

CORPORATION REINSTATEMENT

INNOVATIVE ELECTRONIC DATA SERVICES INC.

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