

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
09 NOV -5 AM 10:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P07000122714

1. Corporation Name

INVESTORS PLAYBOOK INC

W090000649357

**REINSTATEMENT** 08-09  
CR2E081 (12/08)

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

14953 S W 143 CT

3. Mailing Office Address

14953 S W 143 CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

MIAMI FL

Zip

33186

Country

USA

Zip

33186

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

11/13/07

5. FEI Number

26-1425123

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

Jasmine Torres

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

14953 S W 143 CT

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33186

☒ 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

Jasmine Torres

REGISTERED AGENT MUST SIGN

Date 11/02/09

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
P	GODFREY MYLES	14953 S W 143 CT	MIAMI FL 33186
DIR	GODFREY MYLES	14953 S W 143 CT	MIAMI FL 33186

200162542682  
11/05/09--01039--001 \*\*300.00

JC 11/16

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:

Godfrey Myles

GODFREY MYLES

11/02/09

954-232-5124

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Per telephone conversation with Jasmine Torres on 11/6  
Did not feel in name for RA gave her but permission to enter her