

# 2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED

07 JUN 20 PM 12: 06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT



06-07

06072007 REIN-P CR2E098 (1/07)

DOCUMENT # P93000055086

1. Entity Name  
INNOVASIA, INC.



Principal Place of Business  
15615 E. COLONIAL DRIVE  
ORLANDO, FL 32820

Mailing Address  
304 S. HARBOR CITY BLVD., #101  
MELBOURNE, FL 32901  
**SAME**

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

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number  
59-3199660

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
CARPENTER, DARWIN R JR. CPA  
304 S. HARBOR CITY BLVD., STE. 101  
MELBOURNE, FL 32901

7. Name and Address of New Registered Agent

Name  
K. L. S. CEARCE, CPA

Street Address (P.O. Box Number is Not Acceptable)  
243 West Park Ave, Suite 200

City  
Winter Park

FL Zip Code  
32789

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 K. L. S. CEARCE CPA DATE 6/18/07

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT TRAN, MINH D 15615 E. COLONIAL DRIVE ORLANDO, FL 32820 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	000104619450 05/20/07--01038--004 **300.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: MINH D. TRAN DATE 06/13/07 DAYTIME PHONE # (407) 579-8557

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR