

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT
DOCUMENT #

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

1. Corporation Name

Investment Opportunity Corporation

Principal Place of Business

Mailing Address

The Courtyard Suite 150
5301 North Federal Highway
Boca Raton, Florida 33487

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

20869 Pinar Trail

3. New Mailing Office Address, If Applicable

20869 Pinar Trail

4. Date Incorporated or Qualified
To Do Business in Florida

10/11/93

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0444669

Applied For

Not Applicable

City & State

Boca Raton, FL

City & State

Boca Raton, FL

Zip

33433

Country

USA

Zip

33433

Country

USA

CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| Title(s) | Name of Officers and/or Directors | Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) | City / State / Zip |
|----------|--------------------------------------|---|----------------------|
| D/P/S | J. Floyd Swilley | 115 Whitsitt Street | Greenville, SC 29601 |
| T | Karen Fischer | 20869 Pinar Trail | Boca Raton, FL 33433 |
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000002110170--4
03/11/97-01085-015
***1088.75 ***1088.75

8. Name and Address of Current Registered Agent

Charles P. Randall
The Courtyard Suite 150
5301 North Federal Highway
Boca Raton, FL 33487

9. Name and Address of New Registered Agent

Name
Karen Fischer
Street Address (P.O. Box Number is Not Acceptable)
20869 Pinar Trail
Suite, Apt. #, Etc.

City

Boca Raton

State

FL

Zip Code

33433

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Karen Fischer

Karen Fischer

REGISTERED AGENT MUST SIGN

Date

2/6/97

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. 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 under section 119.07(3)(i), 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:

J. Floyd Swilley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

J. Floyd Swilley

Date

864/421-9393

Daytime Phone #

FILED
97 MAR -6 AM 9:29
SECRETARY OF STATE
TALLAHASSEE FLORIDA

CR2E040 (12/96)