

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000005360

1. Corporation Name

INNOVATIVE DESIGN FACTORY OUTLET INC.

Principal Place of Business

1104 S WESTMORELAND DR
SUITE #3
ORLANDO FL 32805
US

Mailing Address

1104 WESTMORELAND DR
SUITE #3
ORLANDO FL 32805
US

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/24/1994

5. FEI Number

59-3221997

Applied For

Not Applicable

6.

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	DE LA PORTILLA, ANGEL L	3301 ROYAL ASCOT RUN	GOTHA FL 34734

8000008625268

10/28/02--01080--018 **150.00

8/19/1

8. Name and Address of Current Registered Agent

PORTILLA, ANGEL DE LA
3301 ROYAL ASCOT RUN
GOTHA FL 34734

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date Oct. 23, 2002

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 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Oct. 23, 2002

Daytime Phone #

CR2E040 (8/02)

Innovative Designs
1104 S. Westmoreland Ave.
Orlando, Fl. 32805
Phone (407) 841-6422
Fax (407) 843-6734

October 23, 2002

Division of Corporations
Annual Report/ Reinstatement section
P. O. Box 6327
Tallahassee, Fl. 32314-6327

Dear Sirs:

REF: INNOVATIVE DESIGN FACTORY OUTLET INC. FEI 59-3221997

We would like to inform you, that we did not receive the two uniform business report notices, at this location. We are therefore enclosing this letter, the completed reinstatement form, and the fee of \$150.00.



Angel de la Portilla
President Innovative Design Factory Outlet Inc.