

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

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SECRET
TALLAHASSEE, FLORIDA



DOCUMENT # **P94000060496**

1. Corporation Name

INNOVATIVE ELECTRONICS, INC.

Principal Place of Business

Mailing Address

**10110 USA TODAY WAY
MIRAMAR FL 33025**

**10110 USA TODAY WAY
MIRAMAR FL 33025**

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

#100 10315 USA Today Way

10315 USA Today Way

Suite, Apt. #, etc.
Miramar FL 33025

Suite, Apt. #, etc.
Suite #100

City & State

City & State
Miramar FL

Zip

Country **USA**

Zip **33025**

Country **USA**

4. Date Incorporated or Qualified To Do Business in Florida

08/17/1994

5. FEI Number

65-0513723

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ ☒

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	MURPHY, GERARD F	10110 USA TODAY WAY	MIRAMAR FL 33025
PRES	O'PRAY, JAMES H	10110 USA TODAY WAY	MIRAMAR FL <i>Delete</i>
VP	KIDA, VALENTINE	10110 USA TODAY WAY	MIRAMAR FL 33035 <i>Delete</i>
VP	Joseph Burke	25 Rockwood Place	Englewood, NJ 07631
			900003096339--2
			-01/12/00--01075--012
			***750.00 ***750.00

8. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301**

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.

Signature of Registered Agent *Deborah D. Skipper* **SIGNATURE REQUIRED** **Deborah D. Skipper**
REGISTERED AGENT MUST SIGN **as its agent**

Date **12/20/99**

1. 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

12/2/99
Date

201 894-1700
Daytime Phone #