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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 JAN 17 AM 9:07

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

2001-12
408

DOCUMENT # pg4006063968

1. Corporation Name

Innovative Financial Services, Inc.
5401 S. Kirkman Road
Suite 450
Orlando, FL 32819

2. Principal Office Address

5401 S. Kirkman Rd

3. Mailing Office Address

Same

Suite, Apt. #, etc.

Suite 450

Suite, Apt. #, etc.

Same

City & State

Orlando, FL 32819

City & State

Same

Zip 32819

Country USA

Zip Same

Country SAME

4. Date Incorporated or Qualified To Do Business in Florida

08-94

5. FEI Number

59-3263950

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

Kathleen Mahoney-Meikle

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

108 Harwood Circle

Suite, Apt. #, Etc.

City

Kissimmee

State

FL

Zip Code

34744

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

Date 01-14-02

REGISTERED AGENT MUST SIGN

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	Kathleen-Mahoney-Meikle	108-Harwood Circle	Kissimmee, FL 34744
VP	Stephen C. Meikle	108 Harwood Circle	Kissimmee, FL 34744

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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-14-02

Date

407-351-1172

Daytime Phone #

CR2E081 (9/01)

INNOVATIVE
Financial Services, Inc.

20f2

Office: (407) 351-1172
Fax: (407) 351-6220

January 14, 2002

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Annual Report

I have just recently visited the Sunbiz website. I was alarmed to see that our corporation was not up-to-date.

We moved our offices in February 2000 and our mail was forwarded. However, it appears that our annual report was not forwarded. This is odd because all the personal information for me as Agent and Officer was current and updated on 01/12/00. So why the mailing address and principal address were not updated is a mystery.

We are requesting that the late fee be waived and have enclosed \$300 for 2001 and 2002 annual reports. Should you have any questions please feel free to call our office (407) 351-1172.

Sincerely,
INNOVATIVE FINANCIAL SERVICES, INC.



Kathleen Mahoney-Meikle
President

Cc: File
Accounting