

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

10 MAR 23 PM 12:01

DOCUMENT # P94000073221

1. Corporation Name

INNOVATIVE INVESTMENT GROUP, INC.

2. Principal Office Address - No P.O. Box #

717 PONCE DE LEON BLVD

Suite, Apt. #, etc.

#326

City & State

CORAL GABLES, FLA.

Zip

33134

Country

U.S.A.

3. Mailing Office Address

717 PONCE DE LEON BLVD

Suite, Apt. #, etc.

#326

City & State

CORAL GABLES, FLA.

Zip

33134

Country

U.S.A.

100172905281

03/23/10--01022--002 **458.75

CR2E081 (11/09)

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-0650384

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

PLACIDO DIAZ

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

717 PONCE DE LEON BLVD

Suite, Apt. #, Etc.

#326

City

C. G.

State

FL

Zip Code

33134

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 3/18/10

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
<u>PTS</u>	<u>DIAZ, PLACIDO</u>	<u>717 PONCE DE LEON BLVD #326</u>	<u>C. G., FLA 33134</u>
<u>VPS</u>	<u>DIAZ, PLACIDO</u>	<u>717 PONCE DE LEON BLVD #326</u>	<u>C. G., FLA 33134</u>
			<u>B 3/24/10</u>
REINSTATEMENT 08-10			

10. E-mail Address: ALY0107@AOL.COM

(To be used for future annual report notification)

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. I further certify, 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

3/18/10

Date

305-673-8300

Daytime Phone #