

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10F2

FILED

00 OCT -3 AM 11:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



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

DOCUMENT # **PN4000081682**

1. Corporation Name

Ivy Mary, Inc.

2. Principal Office Address

1029 BARCARHIL WAY 3051 CASTLE DR.
Suite, Apt. #, etc.

3. Mailing Office Address

Suite 200
Suite, Apt. #, etc.

City & State

NAPLES, FLORIDA

City & State

NAPLES, FLORIDA

Zip

34110

Country

USA

Zip

34103

Country

USA

REINSTATEMENT 2000

4. Date Incorporated or Qualified
To Do Business in Florida

1/1/95

5. FEI Number

650516301

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

Linda A. Lawson

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

866 99th Avenue North

Suite, Apt. #, Etc.

City

Naples

State

FL

Zip Code

34108

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

Linda A. Lawson
REGISTERED AGENT MUST SIGN

Date **September 28, 2000**

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 |
|---------|--------------------------------------|---|-----------------------|
| D/P/S/T | Ivy Scheinholz | 7822 Cocobay Ct. | Naples, Florida 34108 |
| | | | |
| | | | 700003482957--5 |
| | | | |
| | | | |
| | | | |

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:

Ivy Scheinholz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Sept 28, 2000

Daytime Phone #

941-597-4828

CH2E081 (9/99)

20f2



ACCOUNT NO. : 072100000032

REFERENCE : 848521 81894A

AUTHORIZATION : *Patricia Pigato*

COST LIMIT : \$ 750.00

ORDER DATE : September 29, 2000

ORDER TIME : 12:49 PM

ORDER NO. : 848521-005

CUSTOMER NO: 81894A

CUSTOMER: Linda Lawson, Esq
Linda A. Lawson, Esq
866 99th Avenue, North

Naples, FL 34108

DOMESTIC FILINGS

NAME: IVY MARY, INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Norma Hull

EXAMINER'S INITIALS _____

RECEIVED
00 SEP 29 PM 1:45
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA