

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FILED

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

08 OCT 28 AM 9:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P94000081682

1. Corporation Name

Ivy Mary Inc

500137369595  
10/28/08--01028--026 \*\*1200.00

**REINSTATEMENT 01-08**

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

23850 Via Italia Cir #404

3. Mailing Office Address

23850 Via Italia Cir

Suite, Apt. #, etc.

#404

Suite, Apt. #, etc.

#404

City & State

Bonita Springs FL

City & State

Bonita Springs FL

Zip

34134

Country

USA

Zip

34134

Country

USA

CR2E081 (10/08)

4. Date Incorporated or Qualified  
To Do Business in Florida

11/1/95

5. FEI Number

650516301

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$3.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

Arthur Scheinholz

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

3225 Aviation Ave

Suite, Apt. #, Etc.

Suite 500

City

Miami

State

FL

Zip Code

33133

☒ 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

REGISTERED AGENT MUST SIGN

Date 10/22/08

**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>01/21/08</u>	<u>Ivy Scheinholz</u>	<u>23850 Via Italia Cir</u> <u>#404</u>	<u>Bonita Springs FL</u> <u>34134</u>

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 contained in Chapter 119, 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 - Ivy Scheinholz

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-22-2008

Daytime Phone #

305-903-8451

OC 10/29