

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

1998 MAR -5 PM 2: 45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P95000053786

1. Corporation Name **INNOVEST REALTY AND MANAGEMENT CO., INC.**

Principal Place of Business Mailing Address

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

2. New Principal Office Address, If Applicable <b>2255 Glades Road</b>		3. New Mailing Office Address, If Applicable <b>SAME AS PRINCIPAL OFFICE</b>	
Suite, Apt. #, etc. <b>SUITE 200- EAST</b>		Suite, Apt. #, etc.	
City & State <b>BOCA RATON, FL</b>		City & State	
Zip <b>33431</b>	Country <b>USA</b>	Zip	Country

REINSTATEMENT

4. Date Incorporated or Qualified To Do Business in Florida <b>7/10/95</b>	
5. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P/D	CURTIS G. LEVINE	2255 GLADES ROAD SUITE 200- EAST	BOCA RATON, FL 33431
			200002453152--5
			-03/10/98--01098--024
			***1208.75 ***1058.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name <b>CURTIS G. LEVINE</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>2255 GLADES ROAD,</b>	
Suite, Apt. #, Etc. <b>SUITE 200- EAST</b>	
City <b>BOCA RATON</b>	State Zip Code <b>FL 33431</b>

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date **3/4/98**

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes ☐ No ☒

(See other side for information on intangible tax.)

12. 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

**3/4/98 (561) 998-0000**

Date Daytime Phone #

CR2E040 (1/98)