

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
AND
FILED

APPLICATION FOR REINSTATEMENT

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

1998 MAR -5 PM 2: 45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P 950000 53786**

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.

REINSTATEMENT *96-980 7/10/98*

2. New Principal Office Address, If Applicable 2255 Glades Road	3. New Mailing Office Address, If Applicable SAME AS PRINCIPAL OFFICE	4. Date Incorporated or Qualified To Do Business in Florida 7/10/95
Suite, Apt. #, etc. SUITE 200- EAST	Suite, Apt. #, etc.	5. FEI Number <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
City & State BOCA RATON, FL	City & State	6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status
Zip 33431	Country USA	Zip Country

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

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
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 CURTIS G. LEVINE
	Street Address (P.O. Box Number is Not Acceptable) 2255 GLADES ROAD,
	Suite, Apt. #, Etc. SUITE 200- EAST
	City BOCA RATON
	State FL
	Zip Code 33431

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 *Curtis Levine* 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: *Curtis Levine* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **3/4/98** (561) 998-0000 Daytime Phone #

CP2E040 (1/98)