

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P96000012612

1. Corporation Name

IVANHOE HOLDINGS, INC.

Principal Place of Business

1235 N. ORANGE AVE.
STE. 201
ORLANDO FL 32804
US

Mailing Address

1235 N. ORANGE AVE.
STE. 201
ORLANDO FL 32804
US

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite 202

Suite, Apt. #, etc.

Suite 202

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

02/08/1996

5. FEI Number

59-3363444

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	ZIMAND, ARTHUR	8803 VISTANA CENTRE DRIVE, SUITE 1235 N. Orange Ave. Suite 202	ORLANDO FL 32804 32804
			500003040485--4 -11/09/99--01097--017 *****750.00 *****750.00

REINSTATEMENT

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8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ZIMAND, ARTHUR
8803 VISTANA CENTRE DRIVE
SUITE 210
ORLANDO FL 32821

Name

Arthur Zimand

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

1235 N. Orange Avenue

Suite, Apt. #, Etc.

Suite 202

City

Orlando

State

FL

Zip Code

32804

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

REGISTERED AGENT MUST SIGN

Date 10/29/99

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 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

Date

10/29/99

Daytime Phone #

407-895-9227