

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1 of 2

**APPLICATION FOR REINSTATEMENT**

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

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

01 NOV -2 AM 9:06

DOCUMENT # P96000018977

1. Corporation Name

INNOVATIVE PRODUCTS, INC.

Principal Place of Business

1967 TIGERTAIL BLVD  
DANIA FL 33004

Mailing Address

1967 TIGERTAIL BLVD  
DANIA FL 33004

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

03/01/1996

5. FEI Number

65-0651001

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	HACKER, AL	1967 TIGERTAIL BLVD	DANIA FL 33004
D	NICHOLS, R B SR.	1407 RUPP LANE	LAKE WORTH FL

100004696791-4  
-11/28/01-01031-011  
\*\*\*150.00 \*\*\*150.00

8. Name and Address of Current Registered Agent

NICHOLS, R. B.  
1407 RUPP LANE  
LAKE WORTH FL 33460

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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 10/29/2001

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

Al Hacker

Date

10/12/01

Daytime Phone #

(904) 422-1878

2082

October 22, 2001

Florida Department of State  
Divisions of Corporations  
P O Box 6327  
Tallahassee, FL 32314

RE: INNOVATIVE PRODUCTS INC., #P96000018977

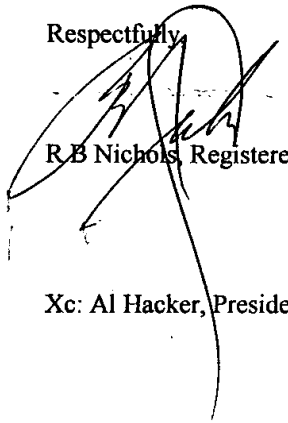
To Whom It May Concern:

Please note that I have been in business in the State of Florida since 1969 and have never failed in filing the Corporate Annual Report. . This year we did not receive either the first mailing or the second mailing which should have informed us that the report was not filed.

While we cannot explain why we did not receive the form, we respectfully request that you waive any penalties in this matter. We fully understand our obligation under the law and would definitely have filed the form had we received them.

Thank you for your consideration in this matter.

Respectfully,



R.B. Nichols, Registered Agent

Xc: Al Hacker, President/Secretary