

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

07 JAN -2 AM 8:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P96000019676

1. Corporation Name  
INVENTURE INC.

2. Principal Office Address  
1118 Solana Avenue

Suite, Apt. #, etc.

City & State  
Winter Park, FL

Zip Country  
32789 USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip Country

4. Date Incorporated or Qualified  
To Do Business in Florida

3/1/96

5. FEI Number

593366818

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

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

Name  
Christopher Seyler

Street Address (P.O. Box Number is Not Acceptable)  
1118 Solana Avenue

Suite, Apt. #, Etc.

City  
Winter Park

State  
FL

Zip Code  
32789

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 11/28/06

**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>P</u>	<u>Christopher Seyler</u>	<u>1118 Solana Avenue</u>	<u>Winter Park, FL 32789</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:

Christopher Seyler  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/28/06 407-644-7979

November 28, 2006

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

Attn: Corporation Reinstatement

Dear Agent:

The Inventure, Inc. Company respectfully requests a waiver of the late fees/reinstatement fees. The corporation did not receive the annual report notices in the year of dissolution/revocation. This letter accompanies the reinstatement.

If you have any questions, please contact Christopher Seyler, 407 644 7979.

Thank you.

Chris M Seyler  
Inventure Inc.  
1118 Solana Avenue  
Winter Park, FL 32789-2319

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