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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 JAN 14 PM 4:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000067161

1. Corporation Name

Institute for Validation Technology, Inc.

Principal Place of Business

Mailing Address

12773 West Forest Hill Boulevard, Suite 1213
West Palm Beach, Florida 33414**REINSTATEMENT**97-99
00

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

2. New Principal Office Address, If Applicable 200 Business Parkway Suite, Apt. #, etc. Suite F City & State Royal Palm Beach, FL Zip 33411		3. New Mailing Office Address, If Applicable Suite, Apt. #, etc. City & State Country USA		4. Date Incorporated or Qualified To Do Business in Florida 8/13/96	
				5. FEI Number 65-0689242	
				<input 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	

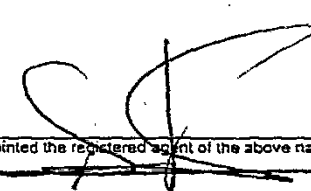
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P/D	Glenn Melvin	200 Business Parkway Suite F	Royal Palm Beach, FL 33411

500002746985-2
-01/20/99-01009-017
***1050.00 ***1050.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

	Name Scott Kramer, Esq., Kramer, Ali, Fleck &	
	Street Address (P.O. Box Number is Not Acceptable) 6650 W. Indiantown Road	
	Suite, Apt. #, Etc. Suite 200	
	City Jupiter	State FL
	Zip Code 33458	

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 1/13/99

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:

Glenn Melvin, Pres.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-13-99

Daytime Phone #

561-790-2025