

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 MAR -6 PM 12:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000041940

1. Corporation Name

I-INCUBATOR.COM, INC.

000092345840
03/13/07--01007--024 **1050.00

2. Principal Office Address - No P.O. Box #
3 Corporate Plaza

3. Mailing Office Address
Same

Suite, Apt. #, etc.
Suite 200

Suite, Apt. #, etc.

City & State
Newport Beach, CA

City & State

Zip Country
92660 USA

Zip Country

4. Date Incorporated or Qualified
To Do Business in Florida

May 8th, 1997

5. FEI Number
59-3442557

☐ 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

John A. Margolis

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

Suite 330, 9990 S.W. 77th Avenue

Suite, Apt. #, Etc.

City
Miami

State Zip Code
FL 33156

☐ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

John A. Margolis

REGISTERED AGENT MUST SIGN

Date

3/2/07

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 |
|--------|--------------------------------------|---|-------------------------|
| P/D | Davis, Charles M. | 3 Corporate Plaza Newport Beach, Suite 200 | Newport Beach, CA 92660 |
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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:

Charles M. Davis
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/2/07 (305) 595 1911
Daytime Phone #