PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

H06R000140Z

FILED
02 JUN 13 AM 10:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000044347

1. Corporation Name

I VEST SECURITIES, INC.

500005767795--2
-06/17/02--01002--018
****450.00 ****450.00

2. Principal Office Address	3. Mailing Office Address
3899 NE 25 AVE	P.O. BOX 51569
Suite, Apt. #, etc.	Suite, Apt. #, etc.
LIGHTHOUSE PT, FL	LIGHTHOUSE PT, FL
Zip: 33064 Country: USA	Zip: 33064 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida 5/19/1997

5. FEI Number 65-0912311 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OFSTATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: PERKINS, PAUL B

Street Address (P.O. Box Number is Not Acceptable): 3899 NE 25 AVENUE

Suite, Apt. #, Etc.:

City: LIGHTHOUSE POINT, 33064 State: FL Zip Code: 33064

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: Paul B. Perkins
REGISTERED AGENT MUST SIGN

Date: 5/1/2002

CR2E081 (9/01)

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
PD	PERKINS, PAUL	3899 NE 25 AVENUE	LIGHTHOUSE POINT, FL 33064

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 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.

954-788-5559

SIGNATURE: Paul B. Perkins — Paul B. Perkins, President — 5/1/2002
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

T. Lewis 6/13/02