PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 DEC -9 PM 12:08

DOCUMENT # P97000044347

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KS

1. Corporation Name

I vest Holdings, Inc.

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
37601 Burhans Road		PO Box 2045	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Eustis, FL		Mount Dora, FL	
Zip	Country	Zip	Country
32736	USA	32736	USA

REINSTATEMENT (FEB. 2009) 06-09

4. Date Incorporated or Qualified To Do Business in Florida 05/19/1997

5. FEI Number 650912311 ☐ 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
Paul B Perkins

Street Address (P.O. Box Number is Not Acceptable)
37601 Burhans Road

Suite, Apt. #, Etc.

City	State	Zip Code
Eustis	FL	32736

☑ 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 _____ Date 12/5/2009

REGISTERED AGENT MUST SIGN

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
PVST	Paul B Perkins	37601 Burhans Road	Eustis, FL 32736

10. **E-mail Address:** paulperk@gmail.com

(To be used for future annual report notification)

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. I further certify, 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: Paul B. Perkins President 12/05/2009 352-459-3827

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #