

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAR 29 AM 11:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P970000 58869**

1. Corporation Name

**INNOVATIVE DEVELOPMENT OF
SOUTHWEST FLORIDA, INC.**

2. Principal Office Address

330 14TH AVE N.W.

Suite, Apt. #, etc.

City & State

NAPLES, FL

Zip

34120

Country

COLLIER

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 03-09

000030892160
03/22/04-01043-021 **943.75

**4. Date Incorporated or Qualified
To Do Business in Florida**

7/3/1997

5. FEI Number

65-0766333

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

TIMOTHY J. COTTEZ

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

999 9TH ST S.

Suite, Apt. #, Etc.

SUITE #103

City

NAPLES, FL

State

FL

Zip Code

34120

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

[Signature]

Date **3/18/04**

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
P	YHOVANNI OTERO	330 14TH ST N.E.	NAPLES, FL 34120
V	OSUALDO OTERO	6975 40TH ST N.E.	NAPLES, FL 34120

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.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-18-04

Date

Daytime Phone #

CR2E081 (01/04)