

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P97000101710

1. Corporation Name

INNOVATIVE STUDIOS CORPORATION

Principal Place of Business

Mailing Address

~~100 THE GREENS WAY~~
~~APT 101~~
~~JACKSONVILLE BEACH FL 32202~~

200 W. FORSYTH STREET
SUITE 1730
JACKSONVILLE FL 32202

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 OCT 22 AM 11:28

REINSTATEMENT 99

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

2. New Principal Office Address, If Applicable

830-13 A1A North

Suite, Apt. #, etc.
Suite 101

City & State

Ponte Vedra Beach, FL

Zip
32082

Country
U.S.A.

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/15/1997

5. FEI Number 59- 3540075

~~NOT APPLICABLE~~

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$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	4 City / State / Zip
PSTD	NIELSEN, JARED D.	100 THE GREENS WAY	JACKSONVILLE BEACH FL 32202
PSTD	Nielsen, Jared D.	830-13 A1A North, Ste. 101	Ponte Vedra Beach, FL 32082
			500003033625--4 -11/03/99--01036--026 ****550.00 ****550.00
			500003033625--4 -11/03/99--01036--027 ****200.00 ****200.00

8. Name and Address of Current Registered Agent

~~DRAUGHON, RICHARD S.~~
200 W. FORSYTH ST.
STE 1730
JACKSONVILLE FL 32202

9. Name and Address of New Registered Agent

Name
Draughon, Richard S.
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City
State
FL Zip Code

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

Date 10/15/1999

REGISTERED AGENT MUST SIGN

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 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:

Jared Nielsen 10/19/99 904 247-1830

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #