

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

01 FEB 12 PM 4:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P98000002661**

1. Corporation Name

**INNOVATIVE INDUSTRIAL SOLUTIONS, INC.**

Principal Place of Business

150 COMMERCE ROAD  
BOYNTON BEACH FL 33467

Mailing Address

150 COMMERCE ROAD  
BOYNTON BEACH FL 33467

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

01/09/1998

5. FEI Number

65-0808735

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	SCHLEICHER, JOHN E JR	1 HUNTING MEADOW COURTS	ROCKAWAY NJ 07866
D	SCHLEICHER, JOHN E SR	41 ALPINE DRIVE	DENVILLE NJ 07834

000003743620--1  
-02/20/01--01084--024  
\*\*\*\*\*900.00 \*\*\*\*\*900.00

8. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name

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

*Barbara A. Burke*

**BARBARA A. BURKE**  
**SPECIAL ASSISTANT SECRETARY**

Date

2-7-01

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

*John E. Schleicher*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2-5-01 973-627-2084

Daytime Phone #

CR2E040 (8/00)