

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

02 JAN 30 PM 4:07

DOCUMENT # P98000003497

1. Corporation Name

INNOVATIVE FINANCIAL INVESTMENTS, INC.

2. Principal Office Address

7200 GRIFFIN ROAD

Suite, Apt. #, etc.

SUITE 5B

City & State

DANIE, FLORIDA

Zip

33314

Country

USA

3. Mailing Office Address

6215 NW 53RD CIRCLE

Suite, Apt. #, etc.

City & State

CORAL SPRINGS, FL

Zip

33067

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

JANUARY 13 1998

5. FEI Number

65-0805117

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

MR. THOMAS DRI

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

6215 NW 53RD CIRCLE

Suite, Apt. #, Etc.

City

CORAL SPRINGS

State

FL

Zip Code

33067

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

REGISTERED AGENT MUST SIGN

Date

1/28/02

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	THOMAS DRI	6215 NW 53RD CIR	CORAL SPRINGS FL 33067
S	THOMAS DRI	6215 NW 53RD CIR	CORAL SPRINGS FL 33067
T	THOMAS DRI	6215 NW 53RD CIR	CORAL SPRINGS FL 33067

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:

THOMAS DRI PRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/02 (954) 575-3325

Date

Daytime Phone #

CR2E081 (9/01)