

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 OCT 15 AM 8:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000003497

1. Corporation Name

INNOVATIVE FINANCIAL INVESTMENTS, INC.

2. Principal Office Address

7200 GRIFFIN ROAD

Suite, Apt. #, etc.

SUITE 5B

City & State

DAVIE, FL

Zip

33314

Country

USA

3. Mailing Office Address

7667 W. SAMPLE ROAD

Suite, Apt. #, etc.

292

City & State

CORAL SPRINGS, FL

Zip

33065

Country

USA

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

1/13/1998

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

CORPORATION SERVICE COMPANY

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

1201 HAYS STREET

Suite, Apt. #, Etc.

City

TALLAHASSEE

State

FL

Zip Code

32301

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

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
PIT SID	RICHARD FEHNEL	7200 GRIFFIN ROAD, STE 5B	DAVIE, FL 33314

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]

RICHARD FEHNEL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

9/29/03

(310) 641-6233

Daytime Phone # X107

CR2E081 (10/02)

9/10/17

Richard Fehnel
7200 Griffin Road, Suite 5B
Davie, FL 33314

September 29, 2003

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Reinstatement of Innovative Financial Investments, Inc.

To whom it may concern

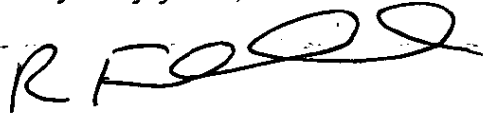
Enclosed you will find a completed Corporation Reinstatement Form.

The company did not receive the first and second notices regarding the fact that we had not filed the Annual Report. The records department show that both the notices were returned. We therefore request a waiver of the \$600 reinstatement fee.

Enclosed is a check for \$150.

Thank you in advance.

Very truly yours,



Richard Fehnel
Director and President
Innovative Financial Investments, Inc.