

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

112

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 OCT 15 PM 2:48

DOCUMENT # P98000046766

1. Corporation Name

INNOVATIVE STRATEGIES, INC.

Principal Place of Business

Mailing Address

813 BENTWOOD DR.  
NAPLES FL 34108

813 BENTWOOD DR.  
NAPLES FL 34108



REINSTATEMENT 03

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

05/21/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

41-1846383

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
PD S	HARDWICK, LEONARD P	813 BENTWOOD DR.	NAPLES FL 34108
<del>S</del>	<del>HARDWICK, LESLIE S</del>	<del>813 BENTWOOD DR.</del>	<del>NAPLES FL 34108</del>

800024058278  
10/23/03--01059--011 \*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HARDWICK, LEONARD P  
813 BENTWOOD DR.  
NAPLES FL 34108

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. or 617.0505, F.S.

Signature of Registered Agent

*[Signature]*  
REGISTERED AGENT MUST SIGN

Date

10/8/03

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:

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

Date

10/8/03 239-596-2886

Daytime Phone #

CR2E040 (7/03)

2/2

**INNOVATIVE STRATEGIES, INC.**

October 9, 2003

To whom it may concern:

Yesterday I talked to Steve and explained that somehow the annual uniform business report form never reached me. After discussing the situation with Steve, he said to send the report in, along with \$150. Thanks to Steve taking the time to understand the situation and not respond in a very mechanical way to my problem.

Please find enclosed the form and a check in the amount of \$150.  
Thanks again Steve!

Sincerely,



Leonard Hardwick  
President