

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

00 JUN 28 PM 12:45

DOCUMENT # P980000 60106

1. Corporation Name

James L. Paris Institutional Advisory Group, Inc.

2. Principal Office Address

2500 W. Lake Mary Blvd.

Suite, Apt. #, etc.

208

City & State

Lake Mary, Florida

Zip

32746

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 99-00

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

7-98

5. FEI Number

59-3520754

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

James L. Paris

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

2500 W. Lake Mary Blvd. # 208

Suite, Apt. #, Etc.

Lake Mary

City

Lake Mary

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****900.00 ****900.00

State
FL

Zip Code

32746

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

JLP

REGISTERED AGENT MUST SIGN

Date 6-24-00

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
pres.	James L. Paris	913 Sea Duck Dr.	Daytona Beach, FL 32118

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-24-00
Date

407-619-3584
Daytime Phone #

CR2E081 (9/99)