

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED  
AND  
FILED

06 MAR 29 PM 4:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P99000003697

1. Corporation Name

Innocent Bystander, Inc.

**REINSTATEMENT**

00-06 *PS*

2. Principal Office Address

2603 N.W. 13th St.

3. Mailing Office Address

c/o Daniel Frattali

Suite, Apt. #, etc.

PMB 375

Suite, Apt. #, etc.

9229 Sunset Blvd. #414

City & State

Gainesville, FL

City & State

Los Angeles, CA

Zip

32609

Country

U.S.A.

Zip

90069

Country

U.S.A.

4. Date Incorporated or Qualified  
To Do Business in Florida

01/11/99

5. FEI Number

59-3557767

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

REGISTERED AGENT SOLUTIONS, INC.

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

1333 N. Duval St.

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32303

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

*Ricardo Bronco, Secretary*  
REGISTERED AGENT MUST SIGN

Date

*3/20/06*

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
D/P	Joaquin Phoenix	2603 N.W. 13th St., PMB 375	Gainesville, FL 32609
D/S/T	Arlyn Phoenix	2603 N.W. 13th St., PMB 375	Gainesville, FL 32609

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800069642438  
04/06/06--01049--012 \*\*17.50

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 contained in Chapter 119, 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:

*Joaquin Phoenix*

Joaquin Phoenix

*3/20/06*

(310) 777-6555

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #