

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 OCT 24 PM 4:08

DOCUMENT # P99000039336

1. Corporation Name

IDEAL INVESTMENTS INC.

2. Principal Office Address

934 RUE DE PALMS

Suite, Apt. #, etc.

City & State

NICEVILLE, FLORIDA

Zip

Country

32578

OKALOOSA

3. Mailing Office Address

934 RE DE PALMS

Suite, Apt. #, etc.

City & State

NICEVILLE FLORIDA

Zip

Country

32578

OKALOOSA

REINSTATEMENT 00

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

30 APRIL 99

5. FEI Number

59-3587175

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

PAUL MONTGOMERY

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

934 RUE DE PALMS

Suite, Apt. #, Etc.

City

NICEVILLE

State

FL

Zip Code

32578

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

Paul Montgomery

Date 10/19/00

REGISTERED AGENT MUST SIGN

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
PRESIDENT	PAUL MONTGOMERY	934 RUE DE PALMS	NICEVILLE, FL. 32578
VICE PRESIDENT	MYRA MONTGOMERY	934 RUE DE PALMS	NICEVILLE, FL. 32578
TREASURER	JAN MONTGOMERY	934 RUE DE PALMS	NICEVILLE, FL. 32578

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

Paul Montgomery

19 OCT 00

Date

(850) 621-4738

Daytime Phone #

CR2E081 (9/99)