

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

00 OCT -6 PM 12:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT #

P99000080977

1. Corporation Name

Ivy League Inc.

400003433704--4

-10/20/00--01061--017

\*\*\*\*158.75 \*\*\*\*158.75

2. Principal Office Address

442 US 41 By Pass N  
Suite, Apt. #, etc.

3. Mailing Office Address

442 US 41 By Pass N  
Suite, Apt. #, etc.

City & State

Venice FL

City & State

Venice FL

Zip

34292

Country

USA

Zip

34292

Country

USA

4. Date Incorporated or Qualified

To Do Business in Florida

9/7/99

5. FEI Number

65-0947736

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

PAMELA J. PROST

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

442 US 41 BY PASS N

Suite, Apt. #, Etc.

City

Venice

State

FL

Zip Code

34292

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

PAMELA J. PROST

Date

Oct. 4, 2000

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	Street Address of Each	City / State / Zip
Pres	PAMELA J. PROST	442 US 41 BY PASS N	VENICE, FL 34292
VP	SAMUEL PROST	442 US 41 BY PASS N	VENICE, FL 34292

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:

PAMELA J. PROST

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Oct. 4, 2000

Date

Daytime Phone #

941-488-5566

CR2E081 (9/99)

page 2 of 2

October 3, 2000

To Division of Corporation:

As a new business person, I did not receive the Corporate Annual Report, and I've had trouble receiving my mail due to an incorrect address. Please reinstate Ivy League, Inc. I did not realize it had been dissolved until my CPA had brought it to my attention.

I would appreciate acceptance of the \$150.00 and the abatement of the late penalty. My correct address is:

---

Ivy League, Inc.  
442 U.S. 41 By-Pass N.  
Venice, FL 34292

I feel confident this will not happen again. Enclosed find a check for \$158.75 which includes the \$8.75 for a Certificate of Status.

Thank you,



Pamela Prost

---