

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



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

DOCUMENT # **P96000014954**

1. Corporation Name
IRONS DEVELOPERS, INC

Principal Place of Business
**8301 NW 38th ST.
CORAL SPRINGS, FL.
33065**

Mailing Address
**8301 NW 38th ST.
CORAL SPRINGS, FL.
33065**

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

FILED

99 JUL -6 PM 1:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date incorporated or Qualified To Do Business in Florida 2/16/96	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 05-0643378	
City & State		City & State		Applied For <input checked="" type="checkbox"/> Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$6.75 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 (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
PRES.	FRANK W. IRONS III	8301 NW 38th ST. CORAL SPRINGS, FL. 33065	→
			200002927712--4 -07/09/99--01086--011 ****908.75 ****908.75

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
FRANK W. IRONS III 8301 NW 38th ST. CORAL SPRINGS, FL. 33065		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code	
		FL	

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.

Signature of Registered Agent **Frank W. Irons III**
REGISTERED AGENT MUST SIGN

Date **7/1/99**

11. This corporation owes the current year Intangible Personal Property Tax due June 30.

Yes ☐ No ☒

(See other side for information on intangible tax)

12. 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: **Frank W. Irons III**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
FRANK W. IRONS III

7/1/99 Date
954340-6087 Daytime Phone #

CR2E081 (12/98)