

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 AUG -4 PM 12:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **840807**

1. Corporation Name

IR-OAK CORP.

2. Principal Office Address
670 White Plains Road

3. Mailing Office Address
670 White Plains Road

Suite, Apt. #, etc.
Suite 305

Suite, Apt. #, etc.
Suite 305

City & State
Scarsdale, New York

City & State
Scarsdale, New York

Zip
10583

Country
USA

Zip
10583

Country
USA

700040223427
08/16/04--01076--009 **1208.75

4. Date Incorporated or Qualified
To Do Business in Florida 06/09/1978

5. FEI Number
130849736

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
NRAI SERVICES, INC.

Street Address (P.O. Box Number is Not Acceptable)
526 East Park Avenue

Suite, Apt. #, Etc.

City
Tallahassee

State
FL Zip Code
32301

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

C. Baclet VP

Date

8/4/04

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
	Maidad Rabina - Director, President,	c/o Rabina Realty, 670 White Plains Road	Scarsdale, New York 10583
	Secretary and Treasurer		
Dir	Alvin Sarter	c/o Rabina Realty, 670 White Plains Road	Scarsdale, New York 10583
Dir	Thomas Vogel	c/o Rabina Realty, 670 White Plains Road	Scarsdale, New York 10583

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:

Maidad Rabina, Pres.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

January 22, 2004

914-722-4400

Date

Daytime Phone #

CR2E081 (01/04)