

112

FILED

H070000065294

07 MAR 12 AM 10:12

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F04000001956			
1. Corporation Name Independent Review Services, Inc.			
2. Principal Office Address - No P.O. Box # 440 Swedesford Road		3. Mailing Office Address SAME	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Wayne, Pennsylvania		City & State	
Zip 19087	Country USA	Zip	Country
4. Date Incorporated or Qualified To Do Business in Florida 4/8/2004		5. FEI Number 161409984	
6. CERTIFICATE OF STATUS DESIRED ☐		Applied For Not Applicable	
7. Name and Address of Current Registered Agent			
Name C T Corporation System			
Street Address (P.O. Box Number is Not Acceptable) 1200 S. Pine Island Road			
Suite, Apt. #, Etc.			
City Plantation		State FL	Zip Code 33324
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 <i>Margaret E. Routzahn</i>		MARGARET E. ROUTZAHN Date 3/12/07 REGISTERED AGENT MUST SIGN Special Assistant Secretary	
9. Names and Street Addresses of Each Officer and/or Director (Florida non-profit corporations must list at least 3 directors)			
Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
CEO	Peter Madeja	440 Swedesford Road	Wayne, PA 19087
CFO	John Keohane	440 Swedesford Road	Wayne, PA 19087
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: <i>[Signature]</i>		Date 3/9/07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	

05-07

CR2E081 (1/07)

H070000065294

K. Eckel MAR 13 2007

2/2

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H07000065294 3)))



H070000652943ABC0

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 205-0384

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5926

CORPORATION REINSTATEMENT

INDEPENDENT REVIEW SERVICES, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$1,050.00

Electronic Filing Menu

Corporate Filing Menu

Help