

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. *P3 182*

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAR 15 PM 12:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *L22523*

1. Corporation Name

LAW OFFICES OF MICHAEL L. IRWIN

200030467842
03/15/04--01033--023 **450.00

2. Principal Office Address

545 DELANEY AVE

Suite, Apt. #, etc.

BLDG. 5

City & State

ORLANDO FL

Zip

32801

Country

US

3. Mailing Office Address

545 DELANEY AVE

Suite, Apt. #, etc.

BLDG. 5

City & State

ORLANDO FL

Zip

32801

Country

US

REINSTATEMENT *02-04*

4. Date Incorporated or Qualified
To Do Business in Florida

12/12/89
1990

5. FEI Number

650151730

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

MICHAEL L. IRWIN

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

545 DELANEY AVE

Suite, Apt. #, Etc.

BLDG 5

City

ORLANDO

State

FL

Zip Code

32801

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

Michael L. Irwin

REGISTERED AGENT MUST SIGN

Date

3/9/04

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
PRES.	MICHAEL L. IRWIN	545 DELANEY AVE	ORLANDO, FL 32801

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:

Michael L. Irwin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/9/04

Daytime Phone #

(407) 648 2714

CR2E081 (01/04)

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MICHEAL L. IRWIN
Attorney and Counselor at Law
545 DELANEY AVENUE
Orlando, Florida 32801

CRIMINAL LAW
JUVENILE LAW

TELEPHONE
(407)648-2714
FAX 849-9022

MARCH 9, 2004

RE: REINSTATEMENT

I WAS INFORMED BY MY ACCOUNTANT YESTERDAY THAT MY CORPORATE STATUS HAD BEEN DISOLVED. I CHANGED MY ADDRESS FROM 609 E. PINE STREET TO 545 DELANEY AVE. BLDG 5 ON JAN 18, 2001. APPARENTLY MY MAIL CONTINUED TO GO TO THE PINE STREET ADDRESS SO I HAVE RECEIVED NO CORRESPONDENCE FROM YOUR OFFICE. ENCLOSED IS MY CHECK FOR \$450.00 TO COVER YEARS 2002, 2003 AND 2004 AS REQUESTED. PLEASE LET ME KNOW IF ANYTHING ELSE IS NEEDED FOR REINSTATEMENT AND BE ADVISED MY MAILING AND BUISNESS ADDRESS IS 545 DELANEY AVENUE, BLDG. 5, ORLANDO, FL. 32801.

SINCERELY


MIKE IRWIN