

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # M44927

1. Entity Name
IRIS VAC & SEW, INC.



04 NOV 15 AM 10:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT *dy*

JR

Principal Place of Business
5521 N.W. 180 TERR.
MIAMI, FL 33055

Mailing Address
5521 N.W. 180 TERR.
MIAMI, FL 33055

2. Principal Place of Business

3. Mailing Address

P.O. Box 170862

Suite, Apt. #, etc.

Suite, Apt. #, etc.

10282004

REIN-P

CR2E098 (6/04)

City & State

City & State

HALEAH - F

4. FEI Number

59-2755954

Applied For

Not Applicable

Zip

Country

Zip

Country

33017-0862 USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TARRADELL, EUSEBIO
4840 N.W. 184 TERR.
MIAMI, FL 33055

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$750.00
After January 1, 2005, Fee will be \$900.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD MANTELLE, CARMEN 5521 N.W. 180 TERR. MIAMI, FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	600042754466 11/15/04--01068--013 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/04/04

B272

Fla. Dept. of State Miami, Fl., Oct 20, 2004

Fla. Dpt of State
Div. of Corp
P.O. Box 6327
Tallahassee, Fl 32314

Re: IRIS VAC & SEW INC
Doc# M44927

Sirs:


Find enclosed photocopy of your card notify to us, por the
cancellation of our Corp.,

This card is received today, and we are highly surprises, because
~~never before to now, receiving~~ any communications realted with
this Corp..

We are in the best disposition to m aintain our Corp., in the
same status, pleaxe sent to us the apropiate form for that
puposes, and please, respectfully ask you for the waiver of the
penalties.

We are a really small business conducted for only one person, the
subscriber.

Awaiting for your answer, we remain very truly yours



Norberto Mantelle, Pr
Iris Vac & sew Inc
5521 NW 180 Terr
Miami, Fl 33055