

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 MAR 10 AM 8:03

DOCUMENT # N04000009232

1. Corporation Name

IREPA, INC.

900145663859
03/12/09--01029--008 **192.50

REINSTATEMENT

07-09 ks

2. Principal Office Address - No P.O. Box #

3406 N. Avon Ave

Suite, Apt. #, etc.

City & State

Tampa, Florida

Zip

33603

Country

USA

3. Mailing Office Address

3406 N. Avon Ave

Suite, Apt. #, etc.

City & State

Tampa, Florida

Zip

33603

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

9/28/2004

5. FEI Number
75-3211308

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
Kurt B. Young

Street Address (P.O. Box Number is Not Acceptable)
3406 N. Avon Ave

Suite, Apt. #, Etc.

City
Tampa

State
FL

Zip Code
33603

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

[Signature]
REGISTERED AGENT MUST SIGN

Date 1/23/09

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
Mr. <i>4</i>	Kurt B. Young, Chairman	3406 N. Avon Ave	Tampa, Florida 33603
Mr. <i>5</i>	Kareem Young, Secretary	5108 Treecrest Parkway	Decatur, Georgia 30035
Mr. <i>V</i>	Dennis Wellington, Vice Chair	1631 Sierra Ridge Dr.	Orlando, Florida 32820

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/23/09 321-525-9966