

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

DOCUMENT # N06000012663

1. Corporation Name

IFSOCIETY CORP.

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

7871 SW 127 DRIVE

Suite, Apt. #, etc.

3. Mailing Office Address

7871 SW 127 DRIVE

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

City & State

MIAMI, FLORIDA

Zip

33183

Country

USA

Zip

33183

Country

USA

4. Date Incorporated or Qualified To Do Business in Florida

12/11/2006

5. FEI Number
20-8847026

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$6.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
KARL CASTEDO

Street Address (P.O. Box Number is Not Acceptable)
2441 NW 93 AVE.

Suite, Apt. #, Etc.
SUITE 105B

City
MIAMI

State
FL

Zip Code
33172

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

Date **09/09/09**

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
D	ERNESTO YTURREALDE	KENN.NORTE EDIF.LAS PIRAMIDES	GUAYAQUIL, ECUADOR
D	EDGAR CHAVEZ	KENN.NORTE EDIF.LAS PIRAMIDES	GUAYAQUIL, ECUADOR
D	FRANCISCO HOYOS	KENN.NORTE EDIF.LAS PIRAMIDES	GUAYAQUIL, ECUADOR

REINSTATEMENT
07-09

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:

ERNESTO YTURREALDE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **09/09/09**

Daytime Phone # **3053821871**