

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

2006 JUN 19 PM 12:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000002735

1. Corporation Name

IRNA PROPERTIES, INC.

2. Principal Office Address  
1500 San Remo Avenue

3. Mailing Office Address  
1500 San Remo Avenue

Suite, Apt. #, etc.  
248

Suite, Apt. #, etc.  
248

City & State  
Coral Gables, Florida

City & State  
Coral Gables, Florida

Zip  
33146

Country  
USA

Zip  
33146

Country  
USA

4. Date Incorporated or Qualified  
To Do Business in Florida 01/08/2001

5. FEI Number

☒ 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  
Bared & Associates, P.A.

Street Address (P.O. Box Number is Not Acceptable)  
1500 San Remo Avenue

Suite, Apt. #, Etc.  
Suite 248

City  
Coral Gables

State  
FL

Zip Code  
33146

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

REGISTERED AGENT MUST SIGN

Date

6/14/06

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	Iris Cohen	1500 San Remo Avenue	Coral Gables, Florida 33146
		Suite 248	

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:

Iris Cohen

Iris Cohen

06/14/2006

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #