

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 OCT -7 AM 11:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000048663

1. Corporation Name

IRVING GROUP, INC.

612 ATLANTIC SHORES BLVD.
1821 NORTH 52ND AVE

2. Principal Office Address

612 ATLANTIC SHORES BLVD.

Suite, Apt. #, etc.

City & State

HALLANDALE, FLORIDA

Zip

33009

Country

USA

3. Mailing Office Address

1821 NORTH 52ND AVE

Suite, Apt. #, etc.

City & State

HOLLYWOOD, FLORIDA

Zip

33021

Country

USA

4. Date Incorporated or Qualified

To Do Business in Florida 05/16/2001

5. FEI Number

65-1104194

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

JAMES R. IRVING

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

1821 NORTH 52 AVE

Suite, Apt. #, Etc.

City

HOLLYWOOD

State
FL

Zip Code
33021

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 9/28/2004

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
P	JAMES R. IRVING	1821 NORTH 52 AVE	HOLLYWOOD, FL 33021

300041669603
10/07/04--01044--007 **300.00

REINSTATEMENT 03-04

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/28/2004

Date

(305) 490-7651

Daytime Phone #

CR2001 (01/04)

IRVING GROUP, INC.

September 28, 2004

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Sir or Madam:

Enclosed please find the Corporation Reinstatement form and a check for three hundred dollars (\$300.00). Also, we respectfully request a waiver of the late penalty fee for the following reasons:

1. We did not receive the Annual Report and Corporate Supplemental fees statement for the year of 2003 and 2004. As a result we did not send the payment.
2. The penalty will be a hardship to our company during this economic slow down.
3. We have always been diligent in paying our expenses and will continue to do so in the future.

Please accept our apology for not making a prompt payment and we will ensure that this does not occur again. We appreciate you taking into consideration our request and look forward to an affirmative response.

Sincerely,

James R. Irving, President
For the firm

Enclosure