

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 OCT 29 AM 11:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P01000067443**

1. Corporation Name

I.O., INC.

Principal Place of Business

**5044 ISLAND CLUB DR.
TAMARAC FL 33319**

Mailing Address

**5044 ISLAND CLUB DR.
TAMARAC FL 33319**



500008813705
11/05/02--01082--023 **150.00

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

07/09/2001

5. FEI Number

65-1115589

Applied For ~

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

**\$8.75 Additional Fee required
for a Certificate of Status**

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PVS	ROSE, MARIO	5044 ISLAND CLUB DR.	TAMARAC FL 33319

8. Name and Address of Current Registered Agent

**ROSE, MARIO
5044 ISLAND CLUB DR.
TAMARAC FL 33319**

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

CR2E040 (8/02)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

10/28/2002

11. 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/28/2002 954 677 7478



I.O., Inc
5044 Island Club Drive
Tamarac, FL 33319
Ph: 954.677.7478

To Whom It May Concern:

I (Mario Rose) have received a letter of dissolution, which was a surprise to me. I am informing your office that I have not received the two previous UBR letters from the Florida Department of State, divisions of corporations. Please reinstate I.O., Inc without any penalties at \$150.00 for-Profit Corporation.

Mario Rose

Oct 28, 2002

