

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 FEB 21 AM 9:07

DOCUMENT #

1. Corporation Name

Irma Shorell, Inc.

P01000072786

2. Principal Office Address

11 East Forsyth Street

3. Mailing Office Address

Suite, Apt. #, etc.

Suite 1605

Suite, Apt. #, etc.

City & State

Jacksonville, FL

City & State

Zip

32202

Country

U.S.A.

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

07/24/01

5. FEI Number

59-3733063

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

Ford, Bowlus, Duss, Morgan, Kenney, Safer & Hampton, P.A.

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

10110 San Jose Boulevard

Suite, Apt. #, Etc.

City

Jacksonville

300840846793
03/22/05--01025--005 **1000 00

800048846828
03/22/05--01025--006 **50.01

State
FL

Zip Code
32257

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

*Michael Bowlus J.P. for Ford, Bowlus
etal*
REGISTERED AGENT MUST SIGN

Date *2/15/05*

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	Jeffrey Dame	11 East Forsyth Street, Suite 1605	Jacksonville, FL 32202

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:

Jeffrey S. Dame
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/25/05

Daytime Phone #

904-358-4252

CR2E081 (01/05)