

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV 24 AM 9:28

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **P01000079443**

1. Corporation Name

THE I.R. CAPITAL CORP. USA

Principal Place of Business

1525 NW 56 St.
~~5601 NW 15 AVE~~
FT LAUDERDALE FL 33309

Mailing Address

5601 NW 15 AVE
~~FT LAUDERDALE FL 33309~~

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.
1525 NW 56 St

City & State
FORT LAUDERDALE FL

Zip
33309 Country
USA

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

08/13/2001

5. FEI Number

52-2343023

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
D	ROGOWSKI, IZHAK	5601 NW 15 AVE	FT LAUDERDALE FL 33309
		1525 NW 56 ST.	

200024986482
11/24/03--01111--030 **750.00

8. Name and Address of Current Registered Agent

ROSILLO, FRANCISCO
8600 NW 53 TERRACE STE 201
MIAMI FL 33133

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

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

REGISTERED AGENT MUST SIGN

Date **11.3.03**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11.2.03 9542143561.

CR2ED40 (7/03)