

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

**FILED**  
**Jan 21, 2003 8:00 A.M.**  
**Secretary of State**

DOCUMENT # **P01000100953**

1. Corporation Name

**IRONING MADE EASIER, INC.**

Principal Place of Business

8756 SW 51ST COURT  
COOPER CITY FL 33328

Mailing Address

8756 SW 51ST COURT  
COOPER CITY FL 33328

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

10/17/2001

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

Not Applicable

Zip

Country

Zip

Country

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PTD	SADLER, ROBERT	8756 SW 51ST COURT	COOPER CITY FL 33328
VSD	BALL, ORQUIDIA	8756 SW 51ST COURT	COOPER CITY FL 33328

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SADLER, ROBERT  
8756 SW 51ST COURT  
COOPER CITY FL 33328

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

*Robert Sadler*  
**SIGNATURE REQUIRED**  
REGISTERED AGENT MUST SIGN

Date 15 JAN 2003

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:

*Orquidia Ball*  
**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

754 668-6119  
1-15-03 754 434-5761

CR2E040 (8/02)

L 15-03

Fla Dept of Revenue  
Dividing Corporations

Ref: PO 1000100953  
Froning Trade Easine, Inc.

Please be advised I did not receive  
the original application for filing of the  
Corporation.

This is to request a waiver.

Enclosed is a check for the sum of  
\$150.00 & the completed application for  
re-instatement

Thank you in advance for your consideration  
on this matter.

Respectfully,

Robert L. Lohr