

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 DEC -5 AM 10:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000120248

1. Corporation Name

I-ROCK, INC.

Principal Place of Business

Mailing Address

5949 FOLKSTONE LN.
ORLANDO FL 32822

5949 FOLKSTONE LN.
ORLANDO FL 32822

12163 S. Orange Blossom Trail
Orlando, Florida 32822

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

2. New Principal Office Address, If Applicable

12163 S. ORANGE BLOSSOM TRAIL

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ORLANDO, FL

City & State

Zip

32837-6502

Country

ORANGE

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/20/2001

5. FEI Number

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)

| Title(s) 1 | Name of Officers and/or Directors 2 | Street Address of Each Officer and/or Director 3 | City / State / Zip 4 |
|---------------|---|--|-------------------------|
| DPS | WHITNER, ANTONIO L | 5949 FOLKSTONE LN. | ORLANDO FL 32822 |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

900009370129
12/05/02--01028--001 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SONNENSCHNEIN, MICHAEL D

STEIN, SONNENSCHNEIN, HOCHMAN & PEPPLER

1420 ALAFAYA TRAIL, STE. 101

ORLANDO FL 32765

Name

ANTONIO L. WHITNER

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

5949 FOLKSTONE LN

Suite, Apt. #, Etc.

ORLANDO FL 32822

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

12-02-02

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

12-02-02

Daytime Phone #

CR2E040 (8/02)

I-Rock, Inc.
12163 S. Orange Blossom Trail
Orlando, Florida 32822

December 2, 2002

Division of Corporations
Uniform Business Report Filings
PO Box 1500
Tallahassee, Florida 32302-1500

Re: Document #P01000120248
Federal ID #010570760

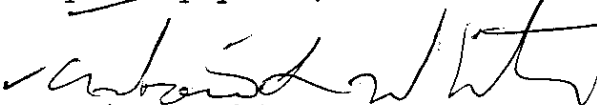
Dear Sir or Madam:

Enclosed herewith is application for reinstatement and filing fee in the amount of \$150.00. The original application that was due on May 31, 2002 was never received.

It is respectfully requested that the corporation be reinstated as soon as possible.

Please note that the mailing address has changed to the address stated above.

Very truly yours,



Antonio L. Whitner
President