

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 AUG 25 PM 2:53

DOCUMENT # P 02000032287

1. Corporation Name  
IRONSTYLE PRECISION, INC

2. Principal Office Address  
9281 S.W.166 TERRACE

Suite, Apt. #, etc.

City & State  
MIAMI FL

Zip Country  
33157 USA

3. Mailing Office Address  
9281 S.W.166 TERRACE

Suite, Apt. #, etc.

City & State  
MIAMI FL

Zip Country  
33157 USA

4. Date Incorporated or Qualified  
To Do Business in Florida 3/25/02

5. FEI Number  
65-0257116

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  
MORE SERVICES GROUP, INC

Street Address (P.O. Box Number is Not Acceptable)  
5950 W.OAKLAND PARK BLVD.

Suite, Apt. #, Etc.  
105

City  
FORT LAUDERDALE

State Zip Code  
FL 33313

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

REGISTERED AGENT MUST SIGN

Date 8/20/04

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
P	NOEL JOHNSON	9281 S.W.166 TERRACE	MIAMI FL 33157
			600040825296 09/03/04--01072--003 **750.00
			600040825296 09/03/04--01072--004 **150.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/20/04  
Date

954.733.3603  
Daytime Phone #

CP22001 (01/04)