

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 FEB -3 AM 8:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **PO2000048517**

1. Corporation Name **Investor's Realty Source Inc.**

REINSTATEMENT 03-05

We did not receive the prior notices of dissolution as our office had moved. Please accept our payment of \$450 to reinstate + \$8.75

2. Principal Office Address
2131 Hollywood Blvd.

Suite, Apt. #, etc.

Suite 201

City & State

Hollywood, FL 33020

Zip
33020

Country
USA

3. Mailing Office Address

1928 S. Ocean Dr.

Suite, Apt. #, etc.

Apt. 405

City & State

Hallandale Beach, FL

Zip

33009

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

05/02/2002

5. FEI Number

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

Paul D. Regan

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

16900 N Bay Rd. #2506

Suite, Apt. #, Etc.

City

Sunny Isles Beach

State

FL

Zip Code

33160

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.9503, F.S.

Signature of
Registered Agent

Paul D. Regan

Date **2/2/05**

REGISTERED AGENT MUST SIGN

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
CEO	Paul D. Regan	1928 S. Ocean Dr. #405	Hallandale Beach, FL 33009

100046288391
02/10/05--01002--022 **458.75

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:

Paul D. Regan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/2/05

Date

954-444-4902

Daytime Phone #

CR2E001 (01/05)