

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 OCT -1 PM 4:41

RECEIVED
10/10/09 10:00 AM

DOCUMENT # *PO000124151*

1. Corporation Name

IRS ELECTRONICS INC

800161241848
10/01/09--01035--006 **300.00

REINSTATEMENT *08-09*
CR2E081 (12/08)

2. Principal Office Address - No P.O. Box #

3785 NW 82 AVE

3. Mailing Office Address

3785 NW 82 AVE

Suite, Apt. #, etc.

302

Suite, Apt. #, etc.

302

City & State

DORAL FL

City & State

DORAL FL

Zip

33166

Country

US

Zip

33166

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

11/21/02

5. FEI Number

651162432

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

IDA OVIES

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

3785 NW 82 AVE

Suite, Apt. #, Etc.

302

City

DORAL

State

FL

Zip Code

33166

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Ida C Ovies

Date

9/25/09

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
<i>P</i>	<i>DI BARI, ALESSANDRO</i>	<i>3785 NW 82 AVE 302</i>	<i>DORAL FL 33166</i>

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 contained in Chapter 119, 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:

Ida C Ovies

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/25/09
Date

305 477 5798
Daytime Phone #

10/1/09