

# 2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000011038

1. Entity Name  
CIRIS, INC.



FILED

04 OCT 27 PM 12:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
126 SOUTHWEST 2ND AVENUE  
DELRAY BEACH, FL 33444

Mailing Address  
126 SOUTHWEST 2ND AVENUE  
DELRAY BEACH, FL 33444

2. Principal Place of Business  
132 SW 2<sup>nd</sup> Ave.  
Suite, Apt. #, etc.

3. Mailing Address  
132 SW 2<sup>nd</sup> Ave.  
Suite, Apt. #, etc.

REINSTATEMENT

City & State  
Delray Beach, FL  
Zip 33444 Country USA

City & State  
Delray Beach, FL  
Zip 33444 Country USA

4. FEI Number  
54-2095087

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

CORPORATE CREATIONS NETWORK, INC.  
941 FOURTH STREET #200  
MIAMI BEACH, FL 33139

## 7. Name and Address of New Registered Agent

Name Jill H. Brickel, CPA  
Street Address (P.O. Box Number is Not Acceptable)  
c/o Brickel & Co., P.A.  
6001 Broken Sound Pkwy NW, Ste 406  
City Boca Raton FL Zip Code 33487

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After January 1, 2005, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## 10. OFFICERS AND DIRECTORS

TITLE President  
NAME Jeffrey Vaughn  
STREET ADDRESS 132 SW 2<sup>nd</sup> Ave.  
CITY-ST-ZIP Delray Beach, FL 33444 ☐ Delete

TITLE Vice President  
NAME Ryan B. Browning  
STREET ADDRESS 1025 Waterway  
CITY-ST-ZIP Greenacres, FL 33413 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Jeffrey Vaughn*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/25/04