2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000043513

Entity Name: IERA CORPORATION

FILED Aug 16, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

5478 PINE LANE 19675 COLORADO CIRCLE CORAL SPRINGS, FL 33067 BOCA RATON, FL 33434

Current Mailing Address: New Mailing Address:

5478 PINE LANE 19675 COLORADO CIRCLE CORAL SPRINGS, FL 33067 BOCA RATON, FL 33434

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

EGOZI, BERNARD L
MANDEL & MCALILEY LLP
EGOZI, BERNARD L
ISICOFF, RAGATZ & KOENIGSBERG

1200 ALFRED I. DUPONT BL, 169 E FLAGLER ST 1101 BRÍCKELL AVENUE SUITE 800 SOUTH TOWER

MIAMI, FL 33131 US MIAMI, FL 33131 US

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.

SIGNATURE: BERNARD L EGOZI 08/16/2005

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition

Name: HATAMI, NELLY Name: HATAMI, NELLY

 Address:
 5478 PINE LANE
 Address:
 19675 COLORADO CIRCLE

 City-St-Zip:
 CORAL SPRINGS, FL 33067
 City-St-Zip:
 BOCA RATON, FL 33434

Title: VD () Delete Title: VD (X) Change () Addition

Name: ROWLAND, RAYMOND Name: PRICOP, MIHAIL

Address: 12301 ROCKLEDGE CIRCLE Address: 23086 ISLAND VIEW DRIVE, #6
City-St-Zip: BOCA RATON, FL 33432 BOCA RATON, FL 33433

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MIHAIL PRICOP VD 08/16/2005