

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

07 JUL -6 AM 8:09

DOCUMENT # P03000054605

1. Corporation Name

IAS Group, Inc.

900105624879
07/06/07--01024--005 **450.00

2. Principal Office Address - No P.O. Box #
146 SW 8 Street

Suite, Apt. #, etc.

City & State

Miami, Florida

Zip
33130

Country
Dade

3. Mailing Office Address
146 SW 8 Street

Suite, Apt. #, etc.

City & State

Miami, Florida

Zip
33130

Country
Dade

REINSTATEMENT

05-07

4. Date Incorporated or Qualified
To Do Business in Florida **05/19/03**

5. FEI Number
14-1884403

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
Bianca Ardizones

Street Address (P.O. Box Number is Not Acceptable)
146 SW 8 Street

Suite, Apt. #, Etc.

City
Miami

State
FL

Zip Code
33130

☒ 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

Date **06/19/2007**

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
PSD	Bianca Ardizones	146 SW 8 Street	Miami, FL 33130

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06/19/07

Date

305-859-7449

Daytime Phone #