

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000085607

1. Entity Name
THE I R S CONSTRUCTION CORPORATION



FILED
04 OCT 27 AM 9:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
3257-1 PRINCE EDWARD ISLE
FT. MYERS, FLORIDA, FL 33907

Mailing Address
3257-1 PRINCE EDWARD ISLE
FT. MYERS, FLORIDA, FL 33907



2. Principal Place of Business
820 TARPON ST
Suite, Apt. #, etc.

3. Mailing Address
820 TARPON ST
Suite, Apt. #, etc.

REINSTATEMENT
098 (6/04)

City & State
FT. MYERS, FL

City & State
FT. MYERS, FL

4. FEI Number
14-189-1715

☐ Applied For
☒ Not Applicable

Zip
33916

Country
U.S.A.

Zip
33916

Country
U.S.A.

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

6. Name and Address of Current Registered Agent
TAYLOR, CHARLES F
3257-1 PRINCE EDWARD ISLE
FT. MYERS, FL 33907

7. Name and Address of New Registered Agent
Name
SYLVIA NAVAJAR
Street Address (P.O. Box Number is Not Acceptable)
820 TARPON ST
City
FT MYERS FL Zip Code
33916

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 Sylvia Navajar DATE 10/22/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PRES ALONZO, NAZARIO 820 TARPON ST. FT. MYERS, FL 33916 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition 900042239149 10/27/04--01019--015 ***150.00 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP TAYLOR, CHARLES F 3257-1 PRINCE EDWARD ISLE FT. MYERS, FL 33907 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition VP SYLVIA NAVAJAR 820 TARPON ST FT. MYERS, FL 33916 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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: Sylvia Navajar DATE 10/22/04 DAYTIME PHONE # 239-872-0011
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR