

PLEASE READ ALL INSTRUCTIONS BEFORE

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P03000130237

1. Corporation Name

IOS CONSTRUCTION INC

Principal Place of Business

Mailing Address

If above addresses are incorrect in any way, use through incorrect information and enter correction below

2. New Principal Office Address, If Applicable

PO BOX 681352

Suite Apt # etc

City & State

ORLANDO, FLORIDA

Zip

32868

Country

USA

3. New Mailing Office Address, If Applicable

PO BOX 681352

Suite Apt # etc

City & State

ORLANDO, FLORIDA

Zip

32868

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

11/12/2003

5. FEI Number

20-0378936

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P/B	PEREZ-HERNANDEZ, ISMAEL A	PO BOX 681352	ORLANDO, FL 32868

8. Name and Address of Current Registered Agent

MAYORGA, AUGUST C.
200 NORTH DENNING DRIVE, SUITE 5
WINTER PARK, FL 32789-3736

9. Name

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

11. 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 under section 119.07(3)(f), 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/24/06

Date

407-383-8643

Jaytime Phone #

FILED

06 MAR 30 AM 8:10

SECRET
TALLAHASSEE, FLORIDA



REINSTATEMENT 04-06

WOP

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2052

IOS CONSTRUCTION INC

P.O. BOX 681352
ORLANDO, FL 32868

Telephone: (407) 383-8643

Friday, March 24, 2006

Florida Department of State
Div of Corporations, Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314

RE: Charter Number: P03000130237
FEI: 20-0378936

Dear Sirs,

Attached please find Application for the Charter Renewal of the Corporation in the above reference. Attached also is our check for \$ 450.00 in payment of the renewal fee for the year(s) 2004, 2005 and 2006 respectively.

We are asking for a waiver on the additional fees due as a result of not renewing within the prescribed time, inasmuch as we did not receive any notices at our offices listed above. We understand that it is our responsibility to make sure we take care of these matters on a timely basis but somehow we believe the notice from your office was lost in the mail and we did not get an opportunity to timely renew the charter.

We will make sure that in the future we stay in good standing.

Thank you for your cooperation and prompt positive response.

Sincerely,


Ismael A Perez-Hernandez
President