

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P04000023481

1. Corporation Name

**Iron Films Inc.**

~~WOT 23405~~

2. Principal Office Address - No P.O. Box #  
**3545 NE 166th St.**

3. Mailing Office Address

Suite, Apt. #, etc.  
**Apt. 802**

Suite, Apt. #, etc.

City & State  
**North Miami Beach, FL**

City & State

Zip Country  
**33160 USA**

Zip Country

4. Date Incorporated or Qualified  
To Do Business in Florida **1/30/2004**

5. FEI Number  
**20-0694107**

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  
**Eduardo Fierro**

Street Address (P.O. Box Number is Not Acceptable)  
**3545 NE 166th St.**

Suite, Apt. #, Etc.  
**Apt. 802**

City State Zip Code  
**North Miami Beach FL 33160**

☒ 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 **05/01/2007**

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
<b>PRESIDENT</b>	<b>Eduardo Fierro</b>	<b>3545 N.E. 166 ST. APT 802</b>	<b>NORTH MIAMI BEACH, FL 33160</b>

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, any 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

05/01/2007

Date

786.301.3986

Daytime Phone #

FILED

07 MAY 30 PM 12: 29

FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

900104255459  
06/12/07--01012--014 \*\*450.00

**REINSTATEMENT 05-07**