

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

112

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 JAN 19 PM 4:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000128900

1. Corporation Name

I. R. E. Record Corp

2. Principal Office Address

279 NE 12 Ave

3. Mailing Office Address

279 NE 12 Ave

Suite, Apt. #, etc.

#203

Suite, Apt. #, etc.

#203

City & State

Homestead, FL

City & State

Homestead, FL

Zip

33033

Country

USA

Zip

33033

Country

USA

000086174820
01/25/07--01008--020 **300.00

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

09/13/2004

5. FEI Number

51-0522926

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

Rafael Alain Borges

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

5313 SW 126 Terr

Suite, Apt. #, Etc.

City

Miramar

State

FL

Zip Code

33027

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

Rafael Alain Borges

Date

01/05/2007

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
P	Rafael Alain Borges	5313 SW 126 Terr	Miramar, FL 33027
T	Nivaldo Gutierrez	279 NE 12 Ave #203	Homestead, FL 33033
	<i>[Signature]</i>		

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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Nivaldo Gutierrez -Treasurer 01/05/2007

Date

305-305-4103

Daytime Phone #

January 5, 2005

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Fl 32314

Re: P04000128900

Attn: Reinstatement/Renewal Dept:

Gentlemen:

In reference to the above mentioned corporation, please be advised that we never received the renewal notice.

We contacted your renewal department and they advised us to write a letter, enclose the renewal fee of \$150.00 and specify what happened and to submit the original annual fee and you would renew the corporation.

We are also enclosing the 2007 renewal fee of \$150.00.

Your cooperation in this matter is anticipated and appreciated.

Thank you,
I R E Record Corp



Nivaldo Gutierrez
Treasurer