

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000166380

1. Entity Name  
I.R.I.S. FUNDING, INC



FILED

06 NOV -1 10:48

SECRET  
TALLAH

Principal Place of Business  
2693 MILL RUN BLVD  
KISSIMMEE, FL 34744 US

Mailing Address  
P.O. BOX 453063  
KISSIMMEE, FL 34745 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number  
20-1991029

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LINARES, DIOGENES G JR  
2693 MILL RUN BLVD  
KISSIMMEE, FL 34744

Name Diogenes G. LINARES Jr  
Street Address (P.O. Box Number is Not Acceptable)  
5049 Coveview Drive

City Saint cloud FL 34771

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

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

10/30/06

FILE NOW!!! FEE IS \$150.00

After January 1, 2007, 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 ☐ Delete  
P  
LINARES, DIOGENES G JR  
STREET ADDRESS P.O. BOX 453063  
CITY-ST-ZIP KISSIMMEE, FL 34745

TITLE NAME ☒ Change ☐ Addition  
P  
LINARES, Diogenes G Jr.  
STREET ADDRESS 5049 Coveview Drive  
CITY-ST-ZIP SAINT cloud, FL 34771

TITLE NAME ☐ Delete  
S/T  
OCASIO, ANTHONY  
STREET ADDRESS 7615 FORT DESOTO STREET STE 202  
CITY-ST-ZIP ORLANDO, FL 34745

TITLE NAME ☒ Change ☐ Addition  
S/T  
OCASIO, ANTHONY  
STREET ADDRESS 5049 Coveview Drive  
CITY-ST-ZIP SAINT cloud, FL 34771

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
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TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/30/06