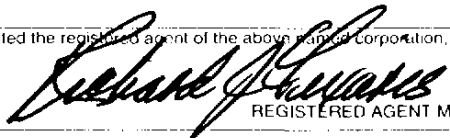
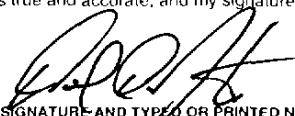


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED 99 MAY 17 PM 12:29 TALLAHASSEE, FLORIDA	
DOCUMENT # P920000005920					
1. Corporation Name INVESTOR RESOURCE SERVICES, INC.					
Principal Place of Business 932 BURKE ST. WINSTON-SALEM, N.C. 27101			Mailing Address		
If above addresses are incorrect in any way, line through incorrect information and enter correction below.					
2. New Principal Office Address, If Applicable SAME AS ABOVE			3. New Mailing Office Address, If Applicable		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip			Zip		
Country U.S.A.			Country		
4. Date Incorporated or Qualified To Do Business in Florida 11-16-92			5. FEI Number 56-3152101		
6. CERTIFICATE OF STATUS DESIRED ☐			Applied For Not Applicable		
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			8.75 Additional Fee required for a Certificate of Status		
1	2	3	4		
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip		
P	DANIEL STARCZEWSKI	923 BURKE ST.	WINSTON-SALEM, NC 27101		
S	ASHLEIGH GOOD	4409 DOROTHY ST.	BELAIRE, TX 77401		
T	ASHLEIGH GOOD	4409 DOROTHY ST.	BELAIRE, TX 77401		
			000002905880--7 -06/16/99--01003--008 ***1208.75 ***1208.75		
8. Name and Address of Current Registered Agent			9. Name and Address of New Registered Agent		
			Name RICHARD J. FIKARIS		
			Street Address (P.O. Box Number is Not Acceptable) 490 NORTH CAUSEWAY DRIVE		
			Suite, Apt. #, Etc.		
			City NEW SMYRNA BEACH		
			State FL		
			Zip Code 32169		
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 MAY 14, 99					
11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes ☐ No ☐ (See other side for information on intangible tax)					
12. 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)(i) 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:  DANIEL D. STARCZEWSKI, PRESIDENT 5/10/99 (396) 723-0908 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #					

CR2E081 (12/98)