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
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P92000005920

1. Corporation Name

INVESTOR RESOURCE SERVICES, INC.

Principal Place of Business

932 BURKE ST.
WINSTON-SALEM, N.C. 27101

Mailing Address

REINSTATEMENT 96-99

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
Suite, Apt. #, etc.
City & State
Zip
Country U.S.A.

3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc
City & State
Zip
Country

4. Date Incorporated or Qualified To Do Business in Florida
11-16-92

5. FEI Number
56-3152101
☐ 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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
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

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-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

CR2E081 (12/98)

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: Richard J. Fikaris
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 (336) 723-0908
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #