

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 APR 22 PM 3:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P92000005920

1. Corporation Name

INVESTOR RESOURCE SERVICES, INC.

2. Principal Office Address

932 Burke Street

Suite, Apt. #, etc.

City & State

Winston Salem

Zip

27101

Country

U.S.A.

3. Mailing Office Address

932 Burke Street

Suite, Apt. #, etc.

City & State

Winston Salem

Zip

27101

Country

U.S.A.

**4. Date Incorporated or Qualified
To Do Business in Florida**

11-16-1992

5. FEI Number

593152101

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

RICHARD J. FIXARIS

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

120 FLAGLER AVENUE

Suite, Apt. #, Etc.

City

NEW SMYRNA BEACH

State

FL

Zip Code

32169

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

Richard J. Fixaris

REGISTERED AGENT MUST SIGN

Date

4/24/03

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	DANIEL D STARCZEWSKI	932 BURKE STREET	WINSTON SALEM NC 27101
S	DANIEL D STARCZEWSKI	932 BURKE STREET	WINSTON SALEM NC 27101

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 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/03

Date

336-918-0509

Daytime Phone #

CR2E081 (10/02)

75 4/23