

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 APR 29 PM 2:59

DOCUMENT # P93000001713

1. Corporation Name

INVESTOR'S RESOURCE, INC.

2. Principal Office Address

6401 PUMPKIN SEED CIRCLE

Suite, Apt. #, etc.

219

City & State

BOCA RATON FL

Zip

33433-5176

Country

USA

3. Mailing Office Address

6401 PUMPKIN SEED CIRCLE

Suite, Apt. #, etc.

219

City & State

BOCA RATON FL

Zip

33433-5176

Country

USA

700017310697
04/29/03--01061--007 **450.00

4. Date Incorporated or Qualified
To Do Business in Florida

01/06/93

5. FEI Number

65-0398955

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

ARTHUR DUBIN

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

6401 PUMPKIN SEED CIRCLE

Suite, Apt. #, Etc.

219

City

BOCA RATON

State

FL

Zip Code

33433-5176

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

Arthur Dubin

Date 4-15-03

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
PRES	ARTHUR DUBIN	6401 PUMPKIN SEED CIRCLE	BOCA RATON FL 33433
VP, D	CESAR MARIO PELLERANO	CONCORDE CENTRE II 2999 N.E. 191 ST ST. STE 200	AVENTURA FL 33180

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:

Arthur Dubin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/15/03

Daytime Phone #

(601) 394-3287

CR2E081 (10/02)



April 15, 2003

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee FL 32314

Re: Corporate reinstatement

To Whom it May Concern:

After talking to Eula of your office, I am submitting this letter to inform you that I did not receive the renewal form for 2001.

Accompanying this cover letter is the Corporate Reinstatement form and a bank check in the quoted amount of \$450.00.

Very truly yours,

A handwritten signature in cursive script, appearing to read "Arthur Dubin", is written over a horizontal line.

Arthur Dubin
Chairman of the Board