

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 MAY 23 PM 5:01

SECRET
TALLAHASSEE, FLORIDA

DOCUMENT # P93000003371

1. Corporation Name

Iroquois of Florida, Inc.

2. Principal Office Address

406 West State Street

Suite, Apt. #, etc.

P.O. Box 806

City & State

Olean NY

Zip

14760

Country

USA

3. Mailing Office Address

406 West State Street

Suite, Apt. #, etc.

P.O. Box 806

City & State

Olean NY

Zip

14760

Country

USA

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

01/14/1993

5. FEI Number

58-2057182

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

100055140871

REINSTATEMENT 94-05

7. Name and Address of Current Registered Agent

Name

The Prentice Hall Corporation System

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

1201 Hays Street

Suite, Apt. #, Etc.

Suite 105

City

Tallahassee

State

FL

Zip Code

32301

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

Patrick Lalar

Patrick Lalar, Asst. Sec.

Date 5/10/05

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
P, D	Matthew L. Ward	11202 Buckhead Court	Midlothian, VA 23112
AS/T/D	Laurie A. Branch	304 Van Buren Ave	Olean, NY 14760
V, D	Joseph G. Chiapuso	174 1/2 North Union St. #7	Olean, NY 14760
S, D	Amy L. Branch-Benoliel	520 East Gravers Lane	Wyndmoor, PA 19038
D	Paul M. Branch	1309 Buchanan Avenue	Olean, NY 14760

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:

Laurie A. Branch
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Laurie A. Branch

Date

5-19-05

Daytime Phone #

CR2E081 (01/04)



CORPORATION SERVICE COMPANY'

ACCOUNT NO. : 072100000032

REFERENCE : 383835 7121888

AUTHORIZATION :

COST LIMIT : \$ 2400.00

Patricia P. Pitt

ORDER DATE : May 20, 2005

ORDER TIME : 10:30 AM

ORDER NO. : 383835-005

CUSTOMER NO: 7121888

CUSTOMER: Ms. Maggie Bennett
Iroquois Services Corporation
406 West State Street
P.O. Box 806
Olean, NY 14760

DOMESTIC FILINGS

NAME: IROQUOIS OF FLORIDA, INC.

RECEIVED
05 MAY 23 PM 12:55
DEPT. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Haddan - Ext# 2955

EXAMINER'S INITIALS _____