PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

APPLICATION **FOR** REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

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JAN 30 PM 12: 36 1. Corporation Name SECRETARY OF STATE TALLAHASSEE, FLORIDA IRVINE INVESTMENT PROPERTIES, INC. Principal Place of Business Mailing Address 221 NW Lake Ivanhoe Blvd. 221 NW Lake Ivanhoe Blvd Orlando, Florida 32804 Orlando, FL 32804 STATEMENT 96+97 If above addresses are incorrect in any way, line through incorrect information and enter correction below. DO NOT WRITE IN THIS SPACE 2. New Principal Office Address, If Applicable 3. New Mailing Address, If Applicable 221 NW Lake Ivanhoe Blvd. Date Incorporated or Qualified To Do Business in Florida 221 NW Lake Ivanhoe Blvd. Suite, Apt. #, etc. Suite, Apt. #, etc. FEI Number Applied For City & State Orlando, Florida City & State Orlando, Florida Not Applicable \$8.75 Additional Fee required Country Zιρ Country for a Certificate of Status 32804 32804 U.S.A. 7. Names and Street Addresses of Each Officer and/or Director. (Florida nonprofit corporations must list at least 3 directors) Name of Officers Street Address of Each Title(s) and/or Directors Officer and/or Director (Do NOT Use Post Office Box Numbers) City / State / Zip D/P Robert Irvine 221 NW Ivanhoe Blvd. Orlando, Florida 32804 **7**00002076427 -02/04/97--01011--011 ****915.00 ****915.00 700002076427-<u>-02/04/97--01011--</u>012 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Name Lehn E. Abrams Street Address (P.O. Box Number is Not Acceptable) 801 N. Magnolia Avenue, Suite 201 Orlando, FL 32803 Suite, Apt. #, Etc. State Zip Code 10. I, being appointed the registered agept of the above named conforation, am familiar with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent ERED AGENT MUST SIGN 11. Does this corporation pay any intangible tax to the (See other side for information Dept. of Revenue under S. 199.032, Florida Statutes. on intangible tax.) 12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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 he reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all fees owed by the corporation have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under cath. under oath.

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SIGNATURE:

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR ROBERT ITVING, President

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Daytime Phone #