

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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AND
FILED

02 MAY -6 PM 2:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P94000078779**

1. Corporation Name

IRON WEDGE INVESTMENTS, INC.

2. Principal Office Address

5369 APPLEDORE LN.

3. Mailing Office Address

5369 APPLEDORE LN.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TALLAHASSEE, FL.

City & State

TALLAHASSEE, FL.

Zip

32309

Country

USA

Zip

32309

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

12-26-94
~~RECEIVED~~

5. FEI Number

59-3296472

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

JAMES A. PFEIL

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

5369 APPLEDORE LN.

Suite, Apt. #, Etc.

City

TALLAHASSEE

State

FL

Zip Code

32309

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

James A. Pfeil
REGISTERED AGENT MUST SIGN

Date **5-7-02**

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.	JAMES A. PFEIL	5369 APPLEDORE LN.	TALLAHASSEE, FL, 32309

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)(l), 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: **James A. Pfeil** / **JAMES A. PFEIL**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-7-02

Date

850-668-1156

Daytime Phone #

CR2E081 (9/01)

S-7-02

DIVISION OF CORPORATIONS

TO WHOM IT MAY CONCERN,

RE: IRON WEDGE INVESTMENTS, INC. DOCUMENT # P94000078779

I AM RESPONSIBLE FOR FILING THE REGISTRATION FOR THE ABOVE LISTED CORPORATION. I HAD A SERIOUS ILLNESS BEGINNING IN APRIL OF 2001. I HAD A PERSON IN MY EMPLOYMENT AT THAT TIME WHO TOOK OVER MY RESPONSIBILITIES WHICH WOULD HAVE INCLUDED THE FILING. I DID NOT WORK FROM APRIL 11 UNTIL THE LAST WEEK OF NOVEMBER 2001. DURING THIS TIME THE REGISTRATION WAS NOT FILED, I WAS NOT AWARE OF THIS UNTIL LAST WEEK, I ASK THAT YOU WAIVE THE LATE FEES IN THIS MATTER. THE EMPLOYEE IS NO LONGER WITH ME AND I HAVE NO IDEA WHY THE FILING WAS NOT DONE ON TIME.

THANK YOU,

