

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

10 MAY 28 AM 8:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P95000000969**

1. Corporation Name

IRIS SYSTEMS INC

2. Principal Office Address - No P.O. Box #

4944 113th Avenue North

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Clearwater, Florida

City & State

Zip

33760

Country

USA

Zip

Country

**REINSTATEMENT** 04-10

CR2E081 (4/10)

4. Date Incorporated or Qualified  
To Do Business in Florida

01/03/1995

5. FEI Number

980169314

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

Carmen R Manzoni

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

4944 113th Avenue North

Suite, Apt. #, Etc.

City

Clearwater

State

FL

Zip Code

33760

PROFIT CORPORATIONS ONLY  
☐ The \$600.00 reinstatement fee is imposed,  
except in circumstances which the entity did  
not receive the prior notices. By checking  
this box, you are certifying the prior  
notices were not received and requesting  
the reinstatement fee be waived.

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

*Carmen R Manzoni*

REGISTERED AGENT MUST SIGN

Date 05/20/2010

**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
PTCD	Robert T Langthorne	#205 - 19138 26 Avenue	Surrey, B.C. V3S 3V7 CAN
VP	Carmen R Manzoni	4944 113th Avenue North	Clearwater, FL 33760

10. E-mail Address: carmen-manzoni@tampabay.rr.com

(To be used for future annual report notification)

11. 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. I further certify, 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:

*Carmen R Manzoni*

Carmen R Manzoni

05/20/2010 727-545-3900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #