

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10/2

APPLICATION FOR REINSTATEMENT  
 FLORIDA DEPARTMENT OF STATE  
 Secretary of State  
 VISITATION CORPORATIONS

FILED

97 JUL -9 AM 10:56  
 SECRETARY OF STATE  
 TALLAHASSEE FLORIDA

DOCUMENT # P95000008004

1. Corporation Name

Irixie, Inc.

Principal Place of Business

Santa Rosa Beach  
 Florida

Mailing Address

P.O. Box 2100  
 Santa Rosa Beach  
 Florida 32459

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

JAN. 31, 95

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3318695

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
Pres.	Kris Sieradzki	P.O. Box 2100 / NA	Santa Rosa Beach / NA Florida 32459
V. Pres.	Kris Sieradzki	PO Box 2100 / NA	Santa Rosa Beach / NA Florida 32459
Treas.	Kris Sieradzki	PO Box 2100 / NA	Santa Rosa Beach / NA Florida 32459
Sec.	Kris Sieradzki	PO Box 2100 / NA	Santa Rosa Beach / NA Florida 32459

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 \*\*\*\*365.00 \*\*\*\*365.00

8. Name and Address of Current Registered Agent

C.T. Corporation Systems  
 1200 S. Pine Island Rd.  
 Plantation, FL 33324

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
 FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

REGISTERED AGENT MUST SIGN

Date

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐

(See other side for information on intangible tax.)

12. 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:

*Kris Sieradzki*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kris Sieradzki 7/2/97  
 Date

800-262-9974  
 Daytime Phone #

CP20040 (12/96)

20f2

July 2, 1997

Dear Trevor:

Enclosed please find my request for reinstatement. When I first set up this corporation I gave what I thought was my correct mailing address. Apparently because the town is so small they do not deliver mail directly to people so I had to get a P.O. Box. I did not even think to write or call the Sec. of State. Sorry.

Thanking you in advance for assisting me with my reinstatement.