

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000031045

1. Corporation Name

IQ, INC

2. Principal Office Address

3936 S SEMORAN BLVD

Suite, Apt. #, etc.

STE 1401

City & State

ORLANDO FL

Zip

32822 USA

3. Mailing Office Address

3936 S SEMORAN BLVD

Suite, Apt. #, etc.

STE 1401

City & State

ORLANDO FL

Zip

32822 USA

REINSTATEMENT

03-04

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

4/17/95

5. FEI Number

59-3313988

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

JOHNNY ROMERO

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

324 FIELDSTREAM BLVD

Suite, Apt. #, Etc.

City

ORLANDO FL

State

FL

Zip Code

32825

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 1/28/04

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
<u>P</u>	<u>JOHNNY ROMERO</u>	<u>324 FIELDSTREAM BLVD</u>	<u>ORLANDO FL 32825</u>
<u>V</u>	<u>MARIO ALARCON</u>	<u>41 LAS BRISAS COURT</u>	<u>KISSIMMEE FL 34743</u>

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:

[Signature]

JOHNNY ROMERO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/04

Date

321-436-9196

Daytime Phone #

CR2081 (10/02)