

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

FILED

97 APR 28 AM 8:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # PA5000071577

1. Corporation Name

IRA INC.

Principal Place of Business

Mailing Address

2110 North Dixie Highway  
Lake Worth, FL 33460

REINSTATEMENT 96-97

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

9/1/96

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0607941

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. 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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P/S	Safiar Rahman	7386 Pinedale Drive	Lantana, FL 33462
V/T	Idrish Ahmed	4727 Myrtle Lane	West Palm Beach FL 33417

100002164041-1  
-05/02/97-01113-008  
\*\*\*\*915.00 \*\*\*\*915.00

JB4-29-97

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Mr. Safiar Rahman  
7386 Pinedale Drive  
Lantana, FL 33462

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

Safiar Rahman  
REGISTERED AGENT MUST SIGN

Date 04-24-97

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:

Safiar Rahman SAFIAR RAHMAN  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

04-24-97 (54) 586-5679  
Daytime Phone #

CR2E040 (12/96)