

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 NOV 12 AM 9:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 95000088999

1. Corporation Name

IAK, INC.

2. Principal Office Address

1424 S ANDREWS AVENUE

Suite, Apt. #, etc.

SUITE #103

City & State

FT. LAUDERDALE, FL

Zip

33316

Country

U.S.A.

3. Mailing Office Address

1424 S. ANDREWS AVENUE

Suite, Apt. #, etc.

SUITE #103

City & State

FT. LAUDERDALE, FL

Zip

33316

Country

U.S.A.

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

11/20/1995

5. FEI Number

650620532

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

IDELLE A. KRONOWITT

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

1424 S. ANDREWS AVEBYE

Suite, Apt. #, Etc.

SUITE #103

City

FT. LAUDERDALE

State

FL

Zip Code

33316

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

REGISTERED AGENT MUST SIGN

Date 11/07/2003

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
D	IDELLE A. KRONOWITT	1424 S. ANDREWS AVENUE	FT. LAUD./FLORIDA/33316
D	ROBERT W. KRONOWITT	1424 S. ANDREWS AVENUE	FT. LAUD./FLORIDA/33316

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:

IDELLE A. KRONOWITT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

IDELLE A. KRONOWITT

11/07/2003 954-467-2663

Date

Daytime Phone #

CR2E081 (10/02)

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