

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

04 OCT 27 PM 12:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P-96000044998

1. Corporation Name

IRON METAL, INC

2. Principal Office Address

14070 NW 22 nd Ave

Suite, Apt. #, etc.

3. Mailing Office Address

Same as 2

Suite, Apt. #, etc.

City & State

OpaLocka, Florida

Zip

33054

Country

USA

City & State

Zip

Country

**REINSTATEMENT** 03-04

4. Date Incorporated or Qualified  
To Do Business in Florida

05/28/96

5. FEI Number

65-0667055

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

EDUARDO COHEN

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

Suite, Apt. #, Etc.

14070 NW 22 nd Ave

City

Opa Locka, Florida 33054

State  
FL

Zip Code

33054

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

Date

REGISTERED AGENT MUST SIGN

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
DP	EDUARDO COHEN	14070 NW 22 Ave	Opa Locka, Fla 33054

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:

*E. COHEN*

EDUARDO COHEN

10/18/01 - 305-6852525

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/04)