

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 SEP 29 AM 8:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

P96000049446

1. Corporation Name

IFORIA, Inc.

700023402257
09/29/03--01071--012 **300.00

REINSTATEMENT

2. Principal Office Address

3497 All American Blvd

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Orlando, FL

City & State

Zip

32810

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

1996

5. FEI Number

59-3402820

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

Scott Levitt

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

3497 All American Blvd

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32810

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
D	Scott Levitt	2430 Via Sienna	Winter Park, FL 32810

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Scott Levitt

Date

9/24/03

Daytime Phone #

407-831-1738

CR2E081 (10/02)

9/30

9/24/03

To whom it may concern,

I was just informed that my corporation, IFORIA, INC., needs to be reinstated. I had moved during the past year and I guess I never received the 2002 notice to pay my dues. That said, after speaking with someone at the Corporate Reinstatement office, they told me to send this letter along with a check for \$300 (enclosed) to reinstate my corporation.

If you have any questions, feel free to contact me at 407-831-1738

Thank you,



Scott Levitt
IFORIA, INC.