

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
04 FEB -3 PM 2:53  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA.

DOCUMENT # PA6000068118  
1. Corporation Name IR AND M INVESTORS, INC.  
9145 NW 27th AVENUE  
MIAMI, FLORIDA 33147

2. Principal Office Address 9145 NW 27 Ave  
Suite, Apt. #, etc.  
City & State Miami, Florida  
Zip 33147 Country DADE  
3. Mailing Office Address 9145 NW 27 Ave  
Suite, Apt. #, etc.  
City & State Miami, Florida  
Zip 33147 Country DADE

**REINSTATEMENT 92-04**

4. Date Incorporated or Qualified To Do Business in Florida  
5. FEI Number 57-1198311 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 KENTON FINDLAY 900028152999  
Street Address (P.O. Box Number is Not Acceptable) 1270 NW 178th TERR 02/03/04 01053-027 \*\*1800.00  
Suite, Apt. #, Etc.  
City MIAMI, FL State FL Zip Code 33169

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 Kenton Findlay Date 1/30/04  
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
<u>PRES.</u>	<u>KENTON FINDLAY</u>	<u>1270 NW 178 TERR</u>	<u>MIAMI, FL 33169</u>
<u>SEC.</u>	<u>KENTON FINDLAY</u>	<u>1270 NW 178 TERR</u>	<u>MIAMI, FL 33169</u>
<u>TRES.</u>	<u>KENTON FINDLAY</u>	<u>1270 NW 178 TERR</u>	<u>MIAMI, FL 33169</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: Kenton Findlay Date 1/30/04  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

TR

CR2001 (10/02)