

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

02 SEP 20 AM 8:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

IRAFLEX, INC

997000024579

500007982365--9
-09/24/02--01042--020
***1500.00 ***1500.00

2. Principal Office Address

3356 NE 42 COURT

3. Mailing Office Address

3356 NE 42 COURT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FORT LAUDERDALE, FLORIDA

City & State

FORT LAUDERDALE

Zip

33308

Country

USA

Zip

33308

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

03/12/1997

5. FEI Number

APPLIED FOR

☒ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 98-02

7. Name and Address of Current Registered Agent

Name

FETISOV, ALEXANDER

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

3356 NE 42 COURT

Suite, Apt. #, Etc.

City

FORT LAUDERDALE

State
FL

Zip Code

33308

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

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
P,D	FETISOV, ALEXANDER	3356 NE 42 COURT	FORT LAUDERDALE/FL/33308

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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-30-02

Date

954-545-0335

Daytime Phone #

CR2E081 (9/01)

9/20/02