

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

02 OCT 29 PM 4:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P97000032832**

1. Corporation Name

I.R. INTERNATIONAL, INC.

Principal Place of Business

**1620 NW 21ST ST
MIAMI FL 33142**

Mailing Address

**1620 NW 21ST ST
MIAMI FL 33142**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

04/11/1997

5. FEI Number

65-0746252

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

**\$8.75 Additional Fee required
for a Certificate of Status**

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)

Name of Officers
and/or Directors

Street Address of Each
Officer and/or Director

City / State / Zip

1.

REYES, RAMON

806 NW 135 TERR

PEMBROKE PINES FL 33028

**4000008641614
10/29/02--01018--017 **750.00**

Brin

8. Name and Address of Current Registered Agent

**REYES, RAMONE
806 NW 135TH TERR
HOLLYWOOD FL 33028**

9. Name and Address of New Registered Agent

Name

Reyes Ramon

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

806 NW 135th terr

Suite, Apt. #, Etc.

City

pembroke pines

State

FL

Zip Code

33028

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

Ramon Reyes

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date **10/24/02**

11. 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:

Ramon Reyes
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/24/02 (305) 606-1749

Date

Daytime Phone #

CR2E040 (8/02)