

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED
FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDACORPORATION
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P98000020565

1. Corporation Name

IRMADAN, INC.

2. Principal Office Address

15020 SW 154 TERRACE

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33187

Country

USA

3. Mailing Office Address

15020 SW 154 TERRACE

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33187

Country

USA

4. Date Incorporated or Qualified
To Do Business In Florida

3/04/1998

5. FEI Number

65-0818055

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

DAN PASQUALUCCI

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

15020 SW 154 TERRACE

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33187

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

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/S	DAN PASQUALUCCI	15020 SW 154 TERRACE	MIAMI, FL 33187

REINSTATEMENT

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 in 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., the 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)(f), F.S. The information furnished 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

Date

Daytime Phone: #