

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 MAY 28 PM 2:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000040670

1. Corporation Name

IRONWOOD DEVELOPMENT CORP.

2. Principal Office Address

277 S.E. 5th Avenue

Suite, Apt. #, etc.

3. Mailing Office Address

277 S.E. 5th Avenue

Suite, Apt. #, etc.

City & State

Delray Beach, Florida

Zip

33483

Country

USA

City & State

Delray Beach, Florida

Zip

33483

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number

65-0850967

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

Cary Glickstein

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

277 S.E. 5th Avenue

Suite, Apt. #, Etc.

City

Delray Beach-

200005979042--6

-06/25/02--1071--007

***300.00 ***300.00

State

FL

Zip Code

33483

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 April 26, 2002

8. 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
DPST	Cary Glickstein	277 S.E. 5th Avenue	Delray Beach, Florida 33483

I, 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

Cary Glickstein April 26, 2002 561-279-8952

Date

Daytime Phone #