

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS



98 JAN 22 PM 1:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 548596  
1. Corporation Name IOR, INC.

Principal Place of Business IOR, INC. Mailing Address  
2656-A N.W. 21 Terrace  
Miami, FL 33142  
Phone: (305) 634-9984  
Fax: (305) 634-8148

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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 65-0258079	
City & State		City & State		Applied For	
Zip		Zip		Not Applicable	
Country		Country		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P/S	DORIS BENSON	2656-A NW 21 TERR	MIAMI, FL 33142
V/T	MARK STEINHARDT	2656-A NW 21 TERR	MIAMI, FL 33142
REINSTATEMENT 96-98			
A. Alan			
Jan. 22, 1998			

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
MARK STEINHARDT 2656-A NW 21 TERR MIAMI, FL 33142		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City	
		8000002413048-8 -01/27/98-01048-001 ***1088.00 ***1088.00 FL	

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.

Signature of Registered Agent *Mark Steinhart* Date 1/21/98

REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒ (See other side for information on intangible tax.)

12. 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: *Mark Steinhart* 1/21/98 205.634.8148

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
MARK STEINHARDT

Date Daytime Phone #

CR2E040 (12/96)