
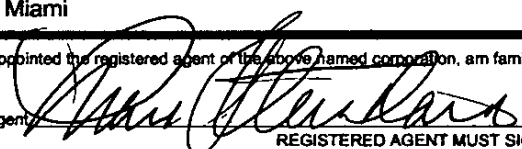
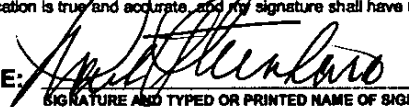


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>S48596</u>			
1. Corporation Name IOR, Inc 2656A NW 21 Terrace Miami, FL 33142			
2. Principal Office Address same as above Suite, Apt. #, etc.		3. Mailing Office Address same as above Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. Date Incorporated or Qualified To Do Business in Florida April 30, 1991		5. FEI Number 65-0258079	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>		Applied For Not Applicable	
7. Name and Address of Current Registered Agent			
Name Mark A. Steinhardt			
Street Address (P.O. Box Number is Not Acceptable) 2656A NW 21 Terrace			
Suite, Apt. #, Etc.			
City Miami		State FL	Zip Code 33142
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 		Date <u>May 26, 2005</u>	
REGISTERED AGENT MUST SIGN			
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
Pres.	Doris R. Benson	2656A NW 21 Terrace	Miami, FL 33142
VP/Sec	Mark A. Steinhardt	2656A NW 21 Terrace	Miami, FL 33142
300055979653 05/09/05--01061--021 **1358.75			
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: 		MARK STEINHARDT May 26, 2005 305.634.9984	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	<small>Daytime Phone #</small>

FILED

05 MAY 27 PM 12:19

SECRET
TALLAHASSEE, FLORIDA

REINSTATEMENT 01-05

CR2E081 (01/05)