

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 MAR 29 AM 8:49

DOCUMENT # **S48596**

1. Corporation Name

IOR INC

2. Principal Office Address - No P.O. Box #

3289 NW 30 Street

Suite, Apt. #, etc.

3. Mailing Office Address

same

Suite, Apt. #, etc.

City & State

Miami

City & State

Zip

33142

Country

USA

Zip

33142

Country

Dade

7. Name and Address of Current Registered Agent

Name

Mark Steinhardt

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

3289 NW 30 Street

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

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
Pres	Doris Benson	3289 NW 30 Street	Miami FL 33142
VP	Mark Steinhardt	3289 NW 30 Street	Miami FL 33142
*	CORRECTED DOC# TO REFLECT OUR DATA BASE AS PER CONVERSATION WITH MARK STEINHARDT 3/30/2010 KS		

10. E-mail Address: **marksteinhardt@aol.com**

(To be used for future annual report notification)

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, I further certify, 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/2010

Date

305.636.2007

Daytime Phone #

500173446695
03/29/10--01064--023 **300.00
CP25081 (4/1/09)
REINSTATEMENT **09-10**

KS

4. Date Incorporated or Qualified
To Do Business in Florida **1991**

5. FEI Number
65.0258079

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.