

APPLICATION FOR



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

FILED

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SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **M87736**

1. Corporation Name

THE IPATT GROUP, INC.

Principal Place of Business

Mailing Address

19500 TURNBERRY WAY
 #3-D
 N MIAMI BCH FL 33180
 US

19500 TURNBERRY WAY
 #3-D
 N MIAMI FL 33180
 US

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

06/23/1988

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0065069

Applied For

Not Applicable

City, & State

City & State

Zip

Country

Zip

Country

CERTIFICATE OF STATUS DESIRED

\$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	4 City / State / Zip
DPT	DONNER, PATTI	19500 TURNBERRY WAY , APT 3D	NMB FL
S	HEYMAN, DARREN	19500 TURNBERRY WAY	NMB FL

100003488391 7
 -12/05/00--01115--003
 *****150.00 *****150.00

DOUBT 178

8. Name and Address of Current Registered Agent

FIHEL, PETER L
 2396 NC 172 ST
 N. MIAMI BEACH FL 33160

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

SIGNATURE REQUIRED

Date

REGISTERED AGENT MUST SIGN

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 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]
SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/5/00

CR2E040 (8/00)

M87736

November 8th, 2000

To: Florida Department of State
Kathleen Harris
Secretary of State
Division of Corporations

From: Patti Donner Director of
The Ipatt Group Inc.

To Whom It May Concern,

As per my telephone call to your division today I am sending in my request to reinstate my corporation.

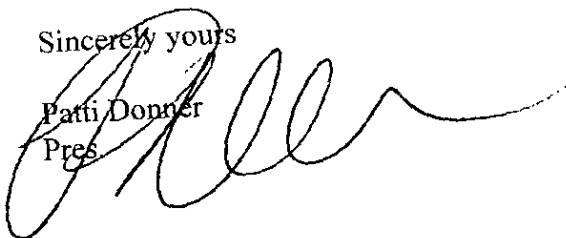
I have spent most of the past 2 years in Europe, being treated for breast cancer. All my mail is forwarded to me. I never received the Annual Report, which means that it probably did not ever get delivered.

I am enclosing a check for the filing fee of \$150, along with this letter, as suggested to me by your agent.

Thank you for your assistance

Sincerely yours

Patti Donner
Pres

A large, stylized handwritten signature in black ink, appearing to read 'Patti Donner', written over the typed name and title.