PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 FEB -2 AM 8:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

800027399128
01/22/04--01019--026 **758.75

REINSTATEMENT 03-04

DOCUMENT # P02000111730

1. Corporation Name

IP PROPERTIES CORP.

2. Principal Office Address		**3.** Mailing Office Address	
16500 COLLINS AVENUE		2701 S. LE JEUNE ROAD	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
APT. 354		SUITE 310	
City & State		City & State	
SUNNY ISLES, FL.		CORAL GABLES, FL.	
Zip	Country	Zip	Country
33160	USA	33134	USA

4. Date Incorporated or Qualified To Do Business in Florida 10/16/02

5. FEI Number 14-1852249 ☐ 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: JUAN A. FIGUEROA, P.A., C.P.A.

Street Address (P.O. Box Number is Not Acceptable): 2701 S. LE JEUNE ROAD

800027399128
02/05/04--01060--020 **141.25

Suite, Apt. #, Etc.: SUITE 310

City: CORAL GABLES | State: FL | Zip Code: 33134

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: + Juan A Figueroa CPA — Date: x 1/13/04

REGISTERED AGENT MUST SIGN

CR2E081 (10/02)

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
D	ASKENAZI, SIMON M.	16500 COLLINS AVENUE, APT. 354	SUNNY ISLES, FL. 33160
D	ASKENAZI, SALOMON M.	16500 COLLINS AVENUE, APT. 354	SUNNY ISLES, FL. 33160

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: + Askenazi — x 1/14/04 — x 305-9567752

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #