

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

g/lof2

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
-Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 DEC 19 AM 8:15

DOCUMENT # 219294

1. Corporation Name

Jerry Lipps, Inc.

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

3888 Nash Road

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Drawer F

Suite, Apt. #, etc.

City & State

Cape Girardeau, MO

City & State

Cape Girardeau, MO

Zip

63701

Country

USA

Zip

63702

Country

USA

100139168861
12/19/08--01029--017 **2100.00

REINSTATEMENT

98-08

4. Date Incorporated or Qualified
To Do Business in Florida

1-17-59

5. FEI Number

43-0768037

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

C T Corporation System

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

1200 S. Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

☐ 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.

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 SEE ATTACHED

Date 12/10/08

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
P/D	Douglas F. Lipps	1909 Delwin	Cape Girardeau, MO 63701
S	Ruth W. Lipps	2735 Jewel Drive	Cape Girardeau, MO 63701

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 contained in Chapter 119, 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:

Douglas F. Lipps

Douglas F. Lipps

12/10/08

Date

573-225-0913

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/22

pg 2 & 2

ACCEPTANCE OF APPOINTMENT

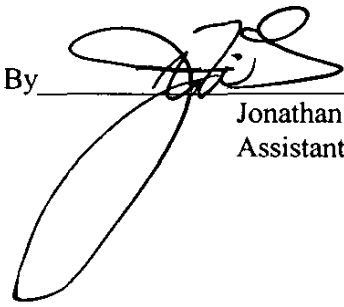
RE: Jerry Lipps, Inc.

Pursuant to Sections 48.091 and 607.0501, Florida Statutes, the undersigned acknowledges and accepts its appointment as registered agent of the above corporation and agrees to act in the capacity and to comply with the provisions of the Florida Business Corporation Act (1990) relative to keeping open the registered office at the address specified above. The undersigned is familiar with, and accepts the obligations of, Section 607.0505, Florida Statutes.

Dated: December 10, 2008

C T CORPORATION SYSTEM

By

A large, stylized handwritten signature in black ink, appearing to read 'J. Miles', is written over a horizontal line.

Jonathan L. Miles,
Assistant Secretary