

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
04 OCT 21 AM 11:31  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F00000004272

**1. Corporation Name**

F.P. Management of Iowa, Inc.

400 Locust Street  
400 Locust Street

**2. Principal Office Address**

400 Locust Street

**3. Mailing Office Address**

400 Locust Street

Suite, Apt. #, etc.

Suite 790

Suite, Apt. #, etc.

Suite 790

City & State

Des Moines, IA

City & State

Des Moines, IA

Zip

50309

Country

USA

Zip

50309

Country

USA

**4. Date Incorporated or Qualified  
To Do Business in Florida 7/27/2000**

**5. FEI Number**

42-1507456

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 South Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

**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

PETER F. SOUZA  
ASSISTANT SECRETARY

Date

10/12/07

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
CSTD	Bookey, Harry	400 Locust Street, Suite 790	Des Moines, IA 50309
VD	Rubin, Michael	5554 Wisconsin Ave, Suite 1265	Chevy Chase, MD 20815
D	Golieb, Michael	5653 Pacific Blvd, Suite 2701	Boca Raton, FL 33433

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

9/24/07

Daytime Phone #

952-442622

CR2E081 (01/04)