

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
------------------------------	--	---

SEARCHED
DIVISION OF CORPORATIONS

10 JAN 25 PM 12:30

DOCUMENT # F07000001775

IBK Services of Florida Inc

700155746867
01/11/10--01051--006 **1050.00

2. Principal Office Address - No P.O. Box # 1106 Pinehurst Rd Suite, Apt. #, etc.	3. Mailing Office Address 1106 Pinehurst Rd Suite, Apt. #, etc.
City & State Dunedin, FL Zip 34698	City & State Dunedin, FL Zip 34698 Country USA

CR2E081 (11/09)

4. Date incorporated or Qualified To Do Business in Florida	4/12/07
5. FEI Number None	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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.

7. Name and Address of Current Registered Agent			
Name Christina Dabney	Street Address (P.O. Box Number is Not Acceptable) 1106 Pinehurst Rd	City Dunedin	State FL Zip Code 34698
Suite, Apt. #, Etc.			

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  Date 1/16/10

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
S10	Gerald Pitts	2710 Thomas Ave	Cheyenne, WY 82001
			1/26/10

10. E-mail Address: info@wyomingcompany.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:  1/16/10 307-632-3333
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Daytime Phone #