

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 99 JAN -4 PM 4:06
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # F9400000377

1. Corporation Name
 Florida IPS, Inc.

Principal Place of Business 18 Cherry Hill Drive Danvers, MA 01923-2575	Mailing Address 18 Cherry Hill Drive Danvers, MA 01923-2575
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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 1/25/1994
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. FEI Number 04-2903296 Applied For Not Applicable
City & State	City & State	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status
Zip Country	Zip Country	

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PRES.	Joseph S. Snyder	61 Mill Road	Boxford, MA 01921

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 -01/12/99-01089-024
 ***1200.00 ***1200.00

REINSTATEMENT 95-98

sc 1-8-99

8. Name and Address of Current Registered Agent Carl Lillis 2313A First Street Indian Rocks Beach, FL 33785	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
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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 Carl Lillis Date 12-31-98
 REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No (See other side for information on intangible tax.)

12. 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)(f), 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: Joseph S. Snyder President Joseph S. Snyder 12/29/98 978-750-4600
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2ED00 (1/98)