

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

APPROVED
AND
FILED

96 DEC 31 PM 3:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F95000001461**

1 Corporation Name
I.P.A. 1, 2 & 3, INC.

Principal Place of Business
**166 LOOKOUT PLACE, SUITE 100
MAITLAND FL 32751**

Mailing Address
**166 LOOKOUT PLACE, SUITE 100
MAITLAND FL 32751**



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable 4902 Eisenhower Blvd Suite, Apt. #, etc. 380 City & State Tampa, FL Zip 33634 Country USA		3. New Mailing Office Address, If Applicable 4902 Eisenhower Blvd Suite, Apt. #, etc. 380 City & State Tampa, FL Zip 33634 Country USA		4. Date Incorporated or Qualified To Do Business in Florida 02/06/1995	
5. FEI Number 51-0348747				Applied For ☐ Not Applicable	
6. CERTIFICATE OF STATUS DESIRED ☐				\$8.75 Additional Fee required for a Certificate of Status	

7 Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
PD	SPILLANE, J.E.	166 LOOKOUT PLACE, SUITE 100 4902 Eisenhower Blvd, Suite 380	MAITLAND FL 32751 Tampa, FL 33634
SD	SUTHOFF, J.D.	166 LOOKOUT PLACE, SUITE 100 4902 Eisenhower Blvd, Suite 380	MAITLAND FL 32751 Tampa, FL 33634
TD	BESSEM, H.	166 LOOKOUT PLACE, SUITE 100 4902 Eisenhower Blvd, Suite 380	MAITLAND FL 32751 Tampa, FL 33634

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-01/06/97--01003--008
****375.00 ****375.00

REINSTATEMENT 1996
4-11-96

8. Name and Address of Current Registered Agent THE PRENTICE HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET, SUITE 105 TALLAHASSEE FL 32301		9. Name and Address of New Registered Agent Name Euro AMERICAN MANAGEMENT, INC. Street Address (P.O. Box Number is Not Acceptable) 4902 Eisenhower Blvd Suite, Apt. #, Etc. 380 City Tampa State FL Zip Code 33634	
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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 Date **11/19/96**

REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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)(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: Date **11/19/96** 011-31-70-3647300
Signature and Typed or Printed Name of Signing Officer or Director Daytime Phone #