

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **F98000005556**

1. Corporation Name

**IPI FINANCIAL SERVICES, INC.**

Principal Place of Business

120 W. 45TH ST. 2ND FL  
NEW YORK NY 10036

Mailing Address

120 W. 45TH ST. 2ND FL  
NEW YORK NY 10036

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

FILED

99 OCT 25 PM 1:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



**REINSTATEMENT 99**

4. Date Incorporated or Qualified  
To Do Business in Florida

10/05/1998

**SP**

5. FEI Number

13-9803628

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)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director	4. City / State / Zip
PD	NAIDUS, DOUG W	120 W. 45TH ST, 2ND FL	NEW YORK NY 10036
VD	PAPPAS, MARK C	120 W. 45TH ST, 2ND FL	NEW YORK NY 10036
S	BIERFRIEND, GARY A	120 W. 45TH ST, 2ND FL	NEW YORK NY 10036

400003043394--6  
-11/12/99--01120--003  
\*\*\*750.00 \*\*\*750.00

8. Name and Address of Current Registered Agent

BRAGA, CAROL  
10563 PLAINVIEW CIRCLE  
BOCA RATON FL 33498

9. Name and Address of New Registered Agent

Name *Florida Compliance Specialists, Inc.*  
Street Address (P.O. Box Number is Not Acceptable)  
*1331 E. Lafayette St., Ste. F*  
Suite, Apt. #, Etc.

City *Tallahassee*

State **FL**

Zip Code *32301*

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

REGISTERED AGENT MUST SIGN

Date *10/22/99*

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 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

Daytime Phone #

CR23040 (8/99)