

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE**  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

2004 JAN -6 PM 1:28

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000014533

Name and Mailing Address

0003152 01 AT 0.292 \*\*AUTO T4 0 0615 32779-461400

IPA GROUP, L.L.C.  
100 TINDALE CIR.  
LONGWOOD FL 32779-4614

400026041694  
01/06/04--01003--029 \*\*155.00



2. New Mailing Address <b>- SAME -</b>		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 06/07/2002	
Principal Place of Business 100 TINDALE CIR. LONGWOOD FL 32779	3. New Principal Place of Business Address City, State, Zip	6. FEI Number <b>04-3683107</b>	Applied For Not Applicable
8. Name and Address of Current Registered Agent <b>HANKS, CYNTHIA A</b> <del>4318 CHEBON CT.</del> <b>894 ERROL PKWY.</b> APOPKA FL 32712		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S. Signature of Registered Agent <i>Cynthia A. Hanks</i> Date <b>12-30-03</b> REGISTERED AGENT MUST SIGN			
11. Names and Street Address of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
Managing Member	DOUGLAS J. HANKS	100 TINDALE CIR.	LONGWOOD, FL 32779
Managing Member	CYNTHIA HANKS	894 ERROL PKWY.	APOPKA, FL 32712
<b>REINSTATEMENT 2003</b>			

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager

*Cynthia A. Hanks*

Date **12-30-03** Daytime Phone # **407-774-1951**

Typed or printed name of signing Managing Member/Manager

**EXT. 259**