

APPLICATION
FOR



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

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M87736**

1. Corporation Name

THE IPATT GROUP, INC.

Principal Place of Business

Mailing Address

19500 TURNBERRY WAY
#3-D
N MIAMI BCH FL 33180
US

19500 TURNBERRY WAY
#3-D
N MIAMI FL 33180
US

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

06/23/1988

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0065069

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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) 1 | Name of Officers and/or Directors 2 | Street Address of Each Officer and/or Director 3 | City / State / Zip 4 |
|---------------|---|--|-------------------------|
| DPT | DONNER, PATTI | 19500 TURNBERRY WAY , APT 3D | NMB FL |
| S | HEYMAN, DARREN | 19500 TURNBERRY WAY | NMB FL |
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8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

FIHEL, PETER L
2396 NC 172 ST
N. MIAMI BEACH FL 33160

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

SIGNATURE REQUIRED

Date

REGISTERED AGENT MUST SIGN

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/5/00

M87736

November 8th, 2000

To: Florida Department of State
Kathleen Harris
Secretary of State
Division of Corporations

From: Patti Donner Director of
The Ipatt Group Inc.

To Whom It May Concern,

As per my telephone call to your division today I am sending in my request to reinstate my corporation.

I have spent most of the past 2 years in Europe, being treated for breast cancer. All my mail is forwarded to me. I never received the Annual Report, which means that it probably did not ever get delivered.

I am enclosing a check for the filing fee of \$150, along with this letter, as suggested to me by your agent.

Thank you for your assistance

Sincerely yours

Patti Donner
Pres

