

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 JAN -7 PM 4:08

DOCUMENT # P00000053764

1. Corporation Name

IPGNETWORK, INC.

200004778832--6

-01/16/02--01080--024

****150.00 ****150.00

2. Principal Office Address

2317 NW 150 ST

Suite, Apt. #, etc.

City & State

OPALOCKA, FL

Zip

33054

Country

3. Mailing Office Address

P.O. Box 540364

Suite, Apt. #, etc.

City & State

OPALOCKA, FL

Zip

33054

Country

4. Date Incorporated or Qualified
To Do Business in Florida

JUNE 2 2000

5. FEI Number

☒ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$0.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

ADENIYI OYEGUNLE

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

2317 NW 150 ST.

Suite, Apt. #, Etc.

City

OPALOCKA, FL

State

FL

Zip Code

33054

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

[Signature]

Date 11/21/01

REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PR	ADENIYI OYEGUNLE	2317 NW 150 ST	OPALOCKA FL 33054

10. 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/21/01

Date

877757715

Daytime Phone #

To:
Florida Department of State

TO WHOM IT MAY CONCERN

How are you doing, this is to inform you that I never at no time receive any correspondence from your department about my corporation renewal, I am very sorry about this matter and please do not penalize me for this incident and I will assured you it will not happen again in the future.

Thanks
Adeniyi Oyegunle
IPGNETWORKS, INC.
18777757715