

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

APPROVED
AND
FILED

03 OCT 24 PM 3:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 2003



500024082975
10/24/03--01024--032 **150.00

DOCUMENT # P00000053764

1. Corporation Name

IPGNETWORK, INC.

Principal Place of Business

2317 NW 150 STREET
OPALOCKA FL 33054

Mailing Address

P.O. BOX 540364
OPALOCKA FL 33054

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

06/02/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

APPLIED FOR

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
P	OYEGUNLE, ADENIYI	2317 NW 150 STREET	OPALOCKA FL 33054

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

OYEGUNLE, ADENIYI
2317 NW 150 STREET
OPALOCKA FL 33054

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

10/22/03

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

OYEGUNLE

Date

Daytime Phone #

10/22/03 3056859141

2072

IPGNETWORK, INC.
WWW.IPGNETWORK.NET
2317 N.W. 150ST.
OPALOCKA, FL. 33054

Fax Cover Sheet

Date: 10/22/03

To: Whom it may concern.

Company: Division of Corporation

Phone #:

Fax #:

Of Pages: 1Page, Including this page

From: Denny

Message

To whom it may concern,

I did not receive any notice for year 2003 before now, please kindly waive the late fee.

Thanks
Mr. Oyegunle

