PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P0000058205

1. Corporation Name

IPOCK ENTERPRISES INC.

Principal Place of Business

Mailing Address

225 S. HWY 17 EAST PALATKA FL 32131 225 S. HWY 17 EAST PALATKA FL 32131 FILED

03 OCT 21 AM 10: 33

SECRETARY OF STATE TALLAHASSEE, FLORIDA

| If above addresses are in | scorroot in any way, line th | rough incorroat i | information an | d ontor correction below | Ken | DIMILINE | 05 | |
|--|------------------------------|-------------------|---|------------------------------|---|----------------------------------|---------------------------|---------------------|
| 1f above addresses are incorrect in any way, line through incorrect in 2. New Principal Office Address, If Applicable 3. New Mail Suite, Apt. #, etc. Suite, Apt. # City & State City & State | | | iling Office Address, If Applicable | | Date Incorporated or Qualified To Do Business in Florida O6/09/2000 FEI Number Applied For | | | |
| | | | | | | | | y & State |
| | | | Zip | Country | Zip | | Country | - 6. CERTIFICATI |
| 7. Names and Street Addr | esses of Each Officer and | or Director (Flo | orida nonprofit | corporations must list at le | ast 3 directors) | | | |
| Title(s) 2 | | | Street Address of Each Officer and/or Director | | | City / State / Zip | | |
| POCK, GEORGE | | | 225 S. HWY 17 | | | EAST PALATKA FL 32131 | | |
| | | | | | | | | |
| | | | | | on | nnooacoa | co | |
| | | | | | 10/21/ | D0239694 0301060010 | **150.00 | |
| | | | | -i | <u> </u> | | | |
| | | | <u> </u> | | | | | |
| 8. Name and Address of Current Registered Agent | | | | | Name and Address of New Registered Agent | | | |
| | | | | Name: | | | | |
| IPOCK, GEORGE 225 S. HWY 17 EAST PALATKA FL 32131 | | | | Street Address | Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. | | | |
| | | | | Suite, Apt. #, Et | | | | |
| · | | | | City | | State | Zip Code | |
| 10. I, being appointed the | registered agent of the ab | ove named corp | oration, am fa | miliar with and accept the | obligations of Sect | ion 607.0505, F.S. or 617.050 | 5, F.S. | |
| Signature of Registered Agent | SIGNA | | | | | Date | | |
| 11 I cortify that I am as of | <u> </u> | EGISTERED AG | | | provided for in the | apter 607 or 617. F.S. I further | cortify that when filling | |

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.

Hay and the place of the control of

October 14, 2003

Div. of Corporation P.O. Box 6327 Tallahassee, Florida 32314

Ipock Enterprises, Inc. 225 S. Hwy 17 East Palatka, Florida 32131 P00000058205

To Whom It May Concern:

This letter is to request reinstatement of my client's business and abate any penalty he would be charged for late filing. My client left his daughter in charge of his company while he left the state. He was under the impression everything was being filed. When he returned home this month it was discovered that she had not filed his annual report as well as unemployment and IRS forms. He brought his information to me to try and help him get everything caught up. He has been filing his information correctly prior to this incident. He is a small trucking company and it would be much easier for him to pay \$150.00 than \$750.00. He was not trying to defraud the state in any way by not filing. He thought it was taken care of. Please take this matter into consideration.

Thank you,

Lisa Wiggins— Accountant

LW

cc:file