

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # PD1000004537

1. Entity Name
IP2BUSINESS, INC.



FILED

05 APR 28 PM 6:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



4122005 REIN-P CR2E098 (6/04)

Principal Place of Business
283 CRANES ROOST BLVD
#111
ALTAMONTE SPRINGS, FL 32701

Mailing Address
283 CRANES ROOST BLVD
#111
ALTAMONTE SPRINGS, FL 32701

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
59-3681390

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MONCRIEF, JAMES L
861 SILVERWOOD DR.
LAKE MARY, FL 32746

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME BEARD, JOHN H ☐ Delete
STREET ADDRESS 5114 CLUBSIDE DR
CITY-ST-ZIP LONGWOOD, FL 32779

TITLE ☐ Change ☐ Addition
NAME 300054682173
STREET ADDRESS 05/17/05--01057--008
CITY-ST-ZIP **300.00

TITLE T
NAME MONCRIEF, JAMES ☐ Delete
STREET ADDRESS 861 SILVERWOOD DRIVE
CITY-ST-ZIP LAKE MARY, FL 32746

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

J. H. Beard
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/05

Date

407-323-0001

Daytime Phone #