

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

05 NOV 18 PM 1:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000026715

1. Corporation Name

Vipes! Corp.

2. Principal Office Address

1653A Gulf to Lake Hwy  
Suite, Apt. #, etc.

3. Mailing Office Address

740 Marshall Ave  
Suite, Apt. #, etc.

City & State

Lecanto, FL

City & State

Williston, VT

Zip

05495

Country

USA

Zip

05495

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

03/14/01

5. FEI Number

061612692

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Paul Fielding

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

817 Carnegie Drive

Suite, Apt. #, Etc.

City

Inverness

State

FL

Zip Code

34450

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

*Paul Fielding*  
X Paul Fielding

REGISTERED AGENT MUST SIGN

Date 11/17/05

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
Pres	Marshall Learned	180 Learned Hill Rd	Jeffersonville, VT 05464
D	Paul Fielding	817 Carnegie Drive	Inverness, FL 34450

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:

*Marshall Learned*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

8026585530

Daytime Phone #



November 17, 2005

Department of State  
Division of Corporations  
ATTN: LEE YARBROUGH  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

RE: P01000026715

Please accept the enclosed check for \$308.50 as payment in full for corporate reinstatement. We request that the \$600 fee be waived due to correspondence and notification issues.

Would you kindly fax the Certificate of Good Standing to 802-864-3580?

Please contact me with any questions.

Sincerely,

A handwritten signature in black ink that reads "Dawn Lancaster". The signature is fluid and cursive, with the first name "Dawn" and last name "Lancaster" clearly distinguishable.

Dawn Lancaster  
Corporate Operations Manager  
Yipes! Corp.  
C: 802.318.6272  
E: dawn@yipescorp.com