

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 DEC -4 PM 3:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000029651

1. Corporation Name

IPC INTELLIGENT VEHICLE CORP. I, INC.

REINSTATEMENT

02

2. Principal Office Address

200 S. Orange Avenue

Suite, Apt. #, etc.

Suite 2300

City & State

Orlando, Florida

Zip

32801

Country

USA

3. Mailing Office Address

200 S. Orange Avenue

Suite, Apt. #, etc.

Suite 2300

City & State

Orlando, Florida

Zip

32801

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

03/22/2001

5. FEI Number

☒ Applied For
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

12/03/02 01052 015 \$750.00

7. Name and Address of Current Registered Agent

Name

Wendy Anderson, Esq.

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

200 South Orange Avenue

Suite, Apt. #, Etc.

Suite 2300

City

Orlando

State
FL

Zip Code
32801

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

REGISTERED AGENT MUST SIGN

Date

12/03/02

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.	Wendy Anderson	200 S. Orange Avenue, Ste. 2300	Orlando, Florida 32801

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/2/02 (407)649-4093

Date

Daytime Phone #

CR2E081 (9/01)