PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILED 07 AUG -2 PM 1: 17 SECRETARY STATE
DOCUMENT # POQUOO 124151 1. Corporation Name		TALLAHASSEE, FLORIDA
IPS ELECTRON	ics INC.	
2. Principal Office Address - No P.O. Box # 2307 DOUGLAS RO Suite, Apt. #, etc.	3. Mailing Office Address 2307 DOUGLAS RO Suite, Apt. #, etc.	CR2E081 (1/07)
400	400	4. Date Incorporated or Qualified To Do Business in Florida
City & State MIAMI E	City & State MIAMI FZ	5. FEI Number Applied For 651/62432 Not Applicable
33140 Country US	Zip Country US	6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status
7. Name and Address of Current Registered Agent		
Name TOA C OVIES Street Address (P.O. Box Number is Not Acceptable) 2807 DOUGLAS RO Suite, Apt. #, Etc. 400 City State Zip Code		The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.
17/A141 FL 33/45		
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		
	d/or Director (Florida nonprofit corporations must list at le	
Titles Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P,O DIBARI, ALE	SSANDRO STE 400	MIAMI & 33/45
REINSTATEMENTOSO > 08/02/0701055004 **450.00		
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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 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 contained in Chapter 119, 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 Days Daystime Phone #		