PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

2007 OCT -4 AM 11:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P03000061924

W07000046797

1. Corporation Name

IAS PROPERTIES, INC

REINSTATEMENT 04-07

CR2E081 (1/07)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
900 S. GOLDENROD RD	SAME
Suite, Apt. #, etc. C	Suite, Apt. #, etc.
City & State ORLANDO, FL	City & State
Zip 32822 Country USA	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida 6/5/2003

5. FEI Number 51-0474939 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for Certificate of Status

7. Name and Address of Current Registered Agent

Name: D. PAUL DIETRICH, II

Street Address (P.O. Box Number is Not Acceptable): 37 N. ORANGE AVE

Suite, Apt. #, Etc.: SUITE 200

City: ORLANDO State: FL Zip Code: 32801

☒ 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.

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 _____ Date 9/27/07

REGISTERED AGENT MUST SIGN

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
P/T	DAVID GODIKSEN	900 S. GOLDENROD RD	ORLANDO, FL 32822
V/S	KEVIN D. GREGORY	900 S. GOLDENROD RD	ORLANDO, FL 32822

800109851295
09/19/07--01049--004 **600.00

10. I hereby that I am an officer or director of the receiver or trustee empowered to execute this application as provided for in chapter 607 or ch. 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 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: KEVIN GREGORY 9/17/2007 407-839-1477

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

10/18 gw