

2007
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 NOV 20 AM 11:29

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000099447

1. Corporation Name

I P P INDUSTRIAL CO, INC.

2. Principal Office Address - No P.O. Box #

2699 STIRLING ROAD

Suite, Apt. #, etc.

B-206

City & State

FORT LAUDERDALE FL

Zip

33312

Country

USA

3. Mailing Office Address

2699 STIRLING ROAD

Suite, Apt. #, etc.

B-206

City & State

FORT LAUDERDALE, FL

Zip

33312

Country

USA

REINSTATEMENT 4-07

CR2E081 (1/07)

4. Date Incorporated or Qualified
To Do Business in Florida

9/11/03

5. FEI Number

20-0278087

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

EDWARD SHARP

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

921 SUNRISE LAKE

Suite, Apt. #, Etc.

City

FORT LAUDERDALE

State

FL

Zip Code

33304

☒ 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

Edward Sharp

REGISTERED AGENT MUST SIGN

Date

11/16/07

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.D.	EDWARD SHARP	2699 STIRLING ROAD	33061-12458233 FORT LAUDERDALE, FL 33312
			33061-12458233 11/20/07--01029--012 **600.00

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 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:

Edward Sharp

EDWARD SHARP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/16/07

Daytime Phone #

954-761-1491