

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000148480

1. Entity Name
IIPSC CORP.



Principal Place of Business
9990 NW 14TH STREET SUITE 109
MIAMI, FL 33172

Mailing Address
9990 NW 14TH STREET SUITE 109
MIAMI, FL 33172

2. Principal Place of Business
5573 NW 72 AVE
Suite, Apt. #, etc.

3. Mailing Address
SAME
Suite, Apt. #, etc.

City & State
MIAMI FL

City & State

Zip
33166

Country
US

Zip

Country



REINSTATEMENT 1/05

05-80

4. FEI Number

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

NAVARRO, JULIO X
9990 NW 14TH STREET SUITE 109
MIAMI, FL 33172

7. Name and Address of New Registered Agent

Name TOMAS J MORENO

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

5573 NW 72 AV

City MIAMI

FL

Zip Code 33166

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE P
NAME NAVARRO, JULIO X
STREET ADDRESS 9990 NW 14TH STREET SUITE 109
CITY-ST-ZIP MIAMI, FL 33172 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME TOMAS J. MORENO
STREET ADDRESS 5573 NW 72 AV
CITY-ST-ZIP MIAMI FL 33166 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

K. Eckel JUN 13 2006