2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000034589

1. Entity Name
IPB CORP.

FILED
2007 APR 10 AM 10:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
PO BOX 7250 SARASOTA, FL 34278	PO BOX 7250 SARASOTA, FL 34278

04042007 REIN-P CR2E098 (1/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
1225 Tamiami Tr	POB 1109
Suite, Apt. #, etc. B10	Suite, Apt. #, etc.
City & State Port Charlotte	City & State Estero
Zip 33952 Country Charlotte	Zip 33928 Country Lee

4. FEI Number — [X] Applied For [ ] Not Applicable

5. Certificate of Status Desired [ ] **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
RAMSEY-LANG, DARLENE A 21256 EDGEWATER DRIVE PORT CHARLOTTE, FL 33952	Name Betty Borsukoff Street Address (P.O. Box Number is Not Acceptable) 1288 Venetian Way City Naples FL Zip Code 34110

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 Betty Borsukoff Betty Borsukoff 4/6/07
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P MEREDITH, JOSEPH PO BOX 7250 SARASOTA, FL 34278	[ ] Delete	P Meredith, Joseph 1225 Tamiami Tr B10 Port Charlotte FL 33952	[X] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] Delete	VP Brett Lang 1225 Tamiami Tr B10 Port Charlotte FL 33952	[X] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] Delete		[ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	B 4/12/07 REINSTATEMENT 06-07	[ ] Delete	100098047731 04/24/07--01004--023 **300.00	[ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] Delete		[ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] Delete		[ ] 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: Joseph Meredith 4/4/07 (941)-356-7018
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #