

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
06 JAN 12 AM 10:15
SECRET
TALLAHASSEE, FLORIDA

DOCUMENT # P33234

1. Corporation Name

IFPC Worldwide, Inc.

2. Principal Office Address

3010 N. Course Drive
Suite, Apt. #, etc.
Building 38 Suite 612
City & State
Pompano Beach FL
Zip Country
33069 USA

3. Mailing Office Address

3010 N. Course Drive
Suite, Apt. #, etc.
Building 38 Suite 612
City & State
Pompano Beach FL
Zip Country
33069 USA

REINSTATEMENT 03-06

4. Date Incorporated or Qualified
To Do Business in Florida

03/20/1991

5. FEI Number

36-3657011

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

James E. Fruin

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

3010 N. Course Drive

Suite, Apt. #, Etc.

Building 38 Suite 612

City

Pompano Beach

State

FL

Zip Code

33069

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

James E. Fruin

REGISTERED AGENT MUST SIGN

Date

1/9/06

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	James E. Fruin	5440 N. Cumberland Suite 230	Chicago IL 60656

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:

James E. Fruin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/9/2006

Date

954 974 7868

Daytime Phone #