2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P97000021801

Entity Name: IBD ASSOCIATES, INC.

FILED Aug 02, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

8683 TIERRA LAGO COVE 817 DIXON BOULEVARD LAKE WORTH, FL 33467

SUITE 1000

COCOA, FL 32926

Current Mailing Address: New Mailing Address:

8683 TIERRA LAGO COVE 615 E 4TH AVENUE

LAKE WORTH, FL 33467 WILLIAMSON, WV 25661

FEI Number: 65-0735405 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

FENSTER, ABE N FARLEY, JOSEPH D 817 DIXÓN BOULEVARD 8683 TIERRA LAGO COVE LAKE WORTH, FL 33467 US SUITE 1000 COCOA, FL 32926 US

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.

SIGNATURE: JOSEPH FARLEY 08/02/2009

> Electronic Signature of Registered Agent Date

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition FENSTER, ABE N FARLEY, JOSEPH D Name: Name: 8683 TIERRA LAGO COVE Address: 817 DIXON BOULEVARD Address: City-St-Zip: LAKE WORTH, FL 33467 City-St-Zip: COCOA, FL 32926

Title: VΡ Title: VΡ (X) Change () Addition () Delete

RIBADA-FENSTER, EVA F FARLEY, EVA Name: Name:

8683 TIERRA LAGO COVE Address: 817 DIXON BOULEVARD Address: COCOA, FL 32926 LAKE WORTH, FL 33467 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSEPH D FARLEY PR 08/02/2009