

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 24 PM 12:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 03

DOCUMENT # P97000031864

1. Corporation Name

I.P.S. ENTERPRISES CORP.

Principal Place of Business

8045 NW 36TH ST #530
MIAMI FL 33166
US

Mailing Address

8045 NW 36TH ST #530
MIAMI FL 33166
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

04/08/1997

5. FEI Number

65-0744508

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	LOPEZ, JORGE R	8232 NW 68 ST.	MIAMI FL 33166
DVP	MARTINEZ, LUIS	8045 NW 36TH ST #530	MIAMI FL 33166

8. Name and Address of Current Registered Agent

LOPEZ, JORGE R
1800 W, 49TH ST
#121
HIALEAH FL 33012

9. Name and Address of New Registered Agent

Name LOPEZ, Jorge R.
Street Address (P.O. Box Number is Not Acceptable)
1800 W. 49 ST.
Suite, Apt. #, Etc.
201
City Hialeah
State FL
Zip Code 33012

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 10-14-03

11. 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 under section 119.07(3)(l), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR200-40 (7/03)

I.P.S. ENTERPRISES, CORP.

**1800 WEST 49TH STREET., SUITE 201 * HIALEAH, FLORIDA 33012
TELEPHONE: 305-825-3537 AND 305-513-2600 * FAX: 305-513-2601**

October 14, 2003

Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, Florida 32399

Re: FEI# 65-0744508
P97000031864

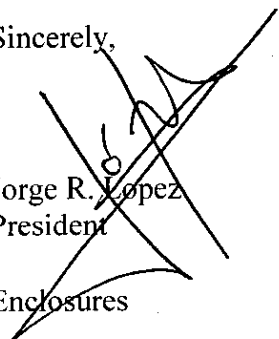
Dear Sir or Madam:

Today we received the attached application for reinstatement of our corporation. Please be advised that the address shown on the report is our shop physical address. Normally, no correspondence goes there and we have no record of receiving the original report.

Therefore, we have dully completed the reinstatement form, changed our mailing address for future correspondence and attached our check in the amount of \$150.00 to cover the outstanding renewal fee.

Your assistance and cooperation in reinstating our corporation is greatly appreciated.

Sincerely,


Jorge R. Lopez
President

Enclosures