PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

99 MAY 26 PM 12:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000063248

1. Corporation Name
Integrated Processing Group, Inc.

Principal Place of Business
~~355 E. Monroe Street~~
~~Jacksonville FL 32202~~

Mailing Address

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

REINSTATEMENT 98 98 VGD 5/26/99

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable	
5800 Beach Boulevard		5800 Beach Boulevard	
Suite, Apt. #, etc: Suite 203-147		Suite, Apt. #, etc: Suite 203-147	
City & State: Jacksonville FL		City & State: Jacksonville FL	
Zip: 32207-5120	Country: USA	Zip: 32207-5120	Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 7/15/97

5. FEI Number: 59-3460685 — 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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P/S/T/D	John B. Leonard	5800 Beach Boulevard Suite 203-147	Jacksonville FL 32207-5120

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-06/02/99--01033--018
****900.00 ****900.00

8. Name and Address of Current Registered Agent
David H. Peek
1301 Riverplace Boulevard, Suite 1609
Jacksonville FL 32207

9. Name and Address of New Registered Agent
Name: Lee G. Kellison
Street Address (P.O. Box Number is Not Acceptable): 233 East Bay Street
Suite, Apt. #, Etc.: Suite 620
City: Jacksonville — State: FL — Zip Code: 32202

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.

Signature of Registered Agent: Lee Kellison — REGISTERED AGENT MUST SIGN — Date: 4/28/99

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes ☐ No ☒ (See other side for information on intangible tax.)

12. 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)(i), 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: 4/23/99 — Daytime Phone #: 904-398-3473

CR2E381 (12/96)