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 | Mailing Address |
|---|---|
| ~~355 E. Monroe Street~~<br>~~Jacksonville FL 32202~~ | |

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

**REINSTATEMENT** 98 98 VD 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<br>Suite 203-147 | Suite, Apt. #, etc<br>Suite 203-147 |
| City & State<br>Jacksonville FL | City & State<br>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)

| 1 Title(s) | 2 Name of Officers and/or Directors | 3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) | 4 City / State / Zip |
|---|---|---|---|
| P/S/T/D | John B. Leonard | 5800 Beach Boulevard<br>Suite 203-147 | Jacksonville FL 32207-5120 |
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| 8. Name and Address of Current Registered Agent | 9. Name and Address of New Registered Agent |
|---|---|
| David H. Peek<br>1301 Riverplace Boulevard, Suite 1609<br>Jacksonville FL 32207 | Name: Lee G. Kellison<br>Street Address (P.O. Box Number is Not Acceptable): 233 East Bay Street<br>Suite, Apt. #, Etc.: Suite 620<br>City: Jacksonville State: FL Zip Code: 32202 |

CR2E381 (12/96)

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