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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

02 MAR 14 PM 12:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P97 0000 70221**

1. Corporation Name

IEZ, INCORPORATED

2. Principal Office Address

5775 SHIRLEY ST

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. BOX 11599

Suite, Apt. #, etc.

City & State

NAPLES FLORIDA

Zip

34109

Country

USA

City & State

NAPLES FLORIDA

Zip

34109

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

8/13/1997

5. FEI Number

59-3463140

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

JON D. PARRISH, ESQ. (PARRISH WHITE LATON AND ADLER)

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

3431 PINE RIDGE ROAD

Suite, Apt. #, Etc.

SUITE 101

City

NAPLES

State

FL

Zip Code

34109

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

REGISTERED AGENT MUST SIGN

Date

3/8/02

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
DIR.	WILLIAM J O'MEARA	401 BAYFRONT PLACE #3506	NAPLES FLORIDA 34102
PRES.	JOHN R KIEFER	3411 MARBELLA COURT	BONITA SPRINGS FL 34134

REINSTATEMENT

01-02-18

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 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

WILLIAM J. O'MEARA

Date

3/8/02

Daytime Phone #

(941) 659-5975

CR2E081 (9/01)



ie² Inc. – dba Integrated Electronic Environments
Post Office Box 11599 Naples, Florida 34109 USA
Tel: (941) 293-0615 Facsimile: (941) 949-2099

*The fusion of design
and technology*

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March 8, 2002

Florida Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, Florida 32314

VIA: Federal Express / Courier

RE: ie2 Incorporated [FEIN# 59-3463140]

ie2, Inc. was incorporated in the State of Florida on or about 8/13/1997 and was administratively dissolved on or about 9/21/2001. Enclosed is our check in the amount of \$908.75 representing a reinstatement fee of \$900 and an additional fee of \$8.75 for a Certificate of Status. Please send this Certificate of Status to our registered agent:

Jon D. Parrish, Esq.
Parrish, White, Lahon and Adler
3431 Pine Ridge Road Suite 101
Naples, Florida 34109

Thank you for your prompt attention in this matter.

Sincerely yours,
ie² Inc – dba Integrated Electronic Environments


John R. Kiefer
President

cc: William J. O'Meara
Fred Hart, Esq.
Jeffrey Leasure, Esq.