

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV -5 AM 10:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 998000006621

1. Corporation Name

INFORMATION PARTNERING GROUP, INC.

2. Principal Office Address

2601 SOUTH BAYSHORE DRIVE

Suite, Apt. #, etc.

19th FLOOR

City & State

MIAMI FLORIDA

Zip

33133

Country

USA

3. Mailing Office Address

2601 SOUTH BAYSHORE DRIVE

Suite, Apt. #, etc.

19th FLOOR

City & State

MIAMI FLORIDA

Zip

33133

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

1-21-1998

5. FEI Number

65-0808526

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

HAMPTON G BOOKER

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

2601 SOUTH BAYSHORE DRIVE

Suite, Apt. #, Etc.

19th FLOOR

City

MIAMI

State

FL

Zip Code

33133

000008769870

11/04/02--01011--002 **150.00

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

Hampton G Booker

REGISTERED AGENT MUST SIGN

Date 10/29/2002

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
PRESIDENT	HAMPTON G. BOOKER	2601 SOUTH BAYSHORE DR 19th FLOOR	MIAMI FLORIDA 33133

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: Hampton G. Booker HAMPTON G. BOOKER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/29/02

Date

3054436622x236

Daytime Phone #

CR2E081 (9/01)



**Information
Partnering
Group, Inc.**

10/29/02

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

To Whom It May Concern:

I am in the process of applying for a vendor application for the State of Florida and it became known to me during that process that my corporation status was changed to inactive as of last month.

I never received any renewal letters or notification from the state. I must assume the non-receipt of any previous report was due to my change of address recently. I have never been late in payments to the state and would greatly appreciate it if you could reinstate my corporation.

My corporation information is as follows:

**Information Partnering Group
2601 South Bayshore Drive, 19 floor
Miami, Florida 33133**

As information my previous address was 3250 Mary Street, 103, Miami Florida 33133.

I appreciate your review of this matter and have enclosed the \$150.00 for reinstatement.

Please advise me when my reinstatement is active. Should you have any questions regarding this matter you may contact me at (305) 443-6622.

Thank you,

A handwritten signature in black ink, appearing to read "Hampton Booker", is written over the typed name.

Hampton Booker

President - Information Partnering Group, Inc.