

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

00 NOV 28 PM 2:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000043920

1. Corporation Name

IPG PROPERTIES, INC

2. Principal Office Address

1518 W VINE STREET

Suite, Apt. #, etc.

KISSIMMEE

City & State

FL

Zip

34741

Country

3. Mailing Office Address

1518 W VINE STREET

Suite, Apt. #, etc.

KISSIMMEE

City & State

FL

Zip

34741

Country

REINSTATEMENT 2000

**4. Date Incorporated or Qualified
To Do Business in Florida**

5/13/98

5. FEI Number

59-3595623

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

GRAHAM GREENE

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

1518 W. VINE STREET

Suite, Apt. #, Etc.

City

KISSIMMEE

State

FL

Zip Code

34741

400003509134-3

12/20/00-01075-005

****600.00 ****600.00

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

[Signature]
REGISTERED AGENT MUST SIGN

Date

11/21/00

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
<u>PRES</u>	<u>GRAHAM GREENE</u>	<u>1518 W. VINE ST,</u>	<u>KISSIMMEE FL 34741</u>

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/21/00 770 650 8985

Daytime Phone #