

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 OCT 25 PM 1:30

DOCUMENT # **P98000048278**

1. Corporation Name

I.H.P.M., INC.

Principal Place of Business

Mailing Address

30 CAMP CREEK RD., APT. 1
SANTA ROSA BEACH FL 32459
US

30 CAMP CREEK RD., APT. 1
SANTA ROSA BEACH FL 32459
US

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT 01

4. Date Incorporated or Qualified To Do Business in Florida

05/29/1998

SP

5. FEI Number

59-3577642

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	4 City / State / Zip
D	KAPUSTA, SUSANN	NIEDERRHEINSTR. 247	D-4-474 DUSSELDORF
PVST	ERCK, JORN P	30 CAMP CREEK RD., APT. 1	SANTA ROSA BEACH FL 32459
D	ERCK, JORN P	30 CAMP CREEK RD., APT. 1	SANTA ROSA BEACH FL 32459

8000004652898--2
-10/25/01--01034--011
****800.00 ****750.00

8. Name and Address of Current Registered Agent

COFFIELD, P C
1719 S. CO. HIGHWAY 393
SANTA ROSA BEACH FL 32459

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

[Handwritten Signature]
REGISTERED AGENT MUST SIGN

Date

10/24/01

11. 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

[Handwritten Signature]

10/24/01

Date

Daytime Phone #

(850) 231-2703

CR2E040 (8/01)