PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 OCT 26 PM 2:44

CORPORATION REINSTATEMENT

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

DOCUMENT # P99000061181

1. Corporation Name
IPLACEMENT, INC.

REINSTATEMENT 01

2. Principal Office Address	3. Mailing Office Address
1516 E. Colonial Drive	Same
Suite, Apt. #, etc.: Suite 203	Suite, Apt. #, etc.: Same
City & State: Orlando, FL	City & State:
Zip: 32803 / Country: Orange	Zip: Same / Country: Same

4. Date Incorporated or Qualified To Do Business in Florida: 7/8/99

5. FEI Number: 593585816 ☐ 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: A.G.C. Co.

Street Address (P.O. Box Number is Not Acceptable): 200 South Orange Avenue

Suite, Apt. #, Etc.: Suite 2300

City: Orlando / State: FL / Zip Code: 32801

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: Rosemary O'Shea, as Vice President A.G.C. Co. Date: 10/26/01

REGISTERED AGENT MUST SIGN

CR2E031 (9/00)

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
D	David E. Nuxol	645 Terrace Blvd.	Orlando, FL 32801

AD

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: David E. Nuxol David E. Nuxol 10/26/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Fax audit #H01000110259 8

Florida Department of State
Division of Corporations
Public Access System
Katherine Harris, Secretary of State

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CORPORATION REINSTATEMENT

IPLACEMENT, INC.

Certificate of Status	1
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