


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APP  FLORIDA DEPARTMENT OF STATE
 97 AR
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

97 OCT 31 PM 3:02
 SECRETARY OF STATE
 TALLAHASSEE FLORIDA

DOCUMENT # G61661

1. Corporation Name
 FIBI, INC.

Principal Place of Business Mailing Address
 % CLYDES AND COSTELLOS % CLYDES AND COSTELLOS
 P. O. BOX 10562 P. O. BOX 10562
 TALLAHASSEE FL 32302 TALLAHASSEE FL 32302



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		4. Date Incorporated or Qualified To Do Business in Florida 09/29/1983	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 59-2361997	
City & State		City & State		Applied For	
Zip		Zip		Not Applicable	
Country		Country		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
VTD	THOMPSON, GUY P.	3312 GALLANT FOX TRAIL	TALLAHASSEE FL
P	ERICKS, DAVID L.	315 S. CALHOUN ST. #820	TALLAHASSEE FL

800002349528--8
 -11/17/97--01144--024
 ****165.00 ****165.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

THOMPSON, GUY P.
 210 SOUTH ADAMS STREET
 P.O. BOX 10562
 TALLAHASSEE FL 32302

Name
 Street Address (P.O. Box Number is Not Acceptable)
 Suite, Apt. #, Etc.
 City State Zip Code
 FL

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  REGISTERED AGENT MUST SIGN

Date 10/30/97

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☒ No ☐

(See other side for information on Intangible tax.)

12. 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

10/30/97 224-2173
 Date Daytime Phone #

CR2E040 (8/97)



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

October 30, 1997

To Whom It May Concern:

On October 30, 1997, I received a Notice of Administrative Dissolution or Revocation from your office. I did not receive a 1997 Profit Corporation Annual Report Packet this year.

Per my conversation with your office today, I was instructed to complete the Notice of Administrative Dissolution or Revocation form and return it with a check for \$165.00.

If you have any questions, please call me at 224-2173.

Sincerely,

A handwritten signature in black ink, appearing to read "Guy P. Thompson", written over a horizontal line.

Guy P. Thompson
Vice President