

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10f2

APPLICATION FOR



FLORIDA DEPARTMENT OF STATE
Governor Jeb Bush
Secretary of State
DIVISION OF CORPORATIONS

200 UBE

FILED

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P97000090472

1. Corporation Name

LIBBY INC.

Principal Place of Business

9009 NW 80TH AVE
9E
HIALEAH GARDENS FL 33016

Mailing Address

PO BOX 221983
HOLLYWOOD FL 33022



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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

10/21/1997

5. FEI Number

65-0788582

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
PD	BARRIOS, LUIS	3801 S OCEAN DR, #14R	HOLLYWOOD FL 33019
VD	TUCKER, LISA	3801 S OCEAN DR, #14R	HOLLYWOOD FL 33019
STD	BARRIOS, MARIA	3801 S OCEAN DR, #14R	HOLLYWOOD FL 33019
			000003473180--2 -11/21/00--01097--003 ***150.00 ***150.00

8. Name and Address of Current Registered Agent

BARRIOS, LUIS
3801 S OCEAN DRIVE
14Q
HOLLYWOOD FL 33019

9. Name and Address of New Registered Agent

Name *BARRIOS, LUIS*
Street Address (P.O. Box Number is Not Acceptable)
4341 NW 167th
Suite, Apt. #, Etc.
City *MIAMI* State **FL** Zip Code *33055*

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

[Signature]
REGISTERED AGENT MUST SIGN

Date 10/17/00

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

10/17/00
Date

305823-4911
Daytime Phone #

CR2E040 (8/00)

2082

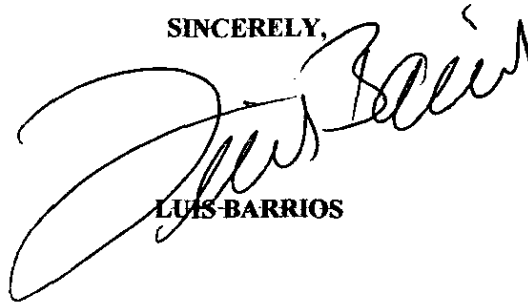
Libby Inc.

P.O. BOX 221983
HOLLYWOOD, FL 33022
305-823-4911 TEL 305-823-4912 FAX

TO WHOM IT MAY CONCERN:

DUE TO THE FACT THAT I DID NOT RECEIVE ANY OTHER CORRESPONDENCE, EXCEPT THE DISSOLUTION NOTICE. I WAS UNAWARE OF THIS MATTER. PLEASE ACCEPT MY APPOLOGY AND EXPLANATION FOR THIS SITUATION AND REINSTATE MY CORPORATION. I THANK YOU IN ADVANCE FOR YOUR CONSIDERATION IN THIS MATTER. DO NOT HESITATE TO CONTACT ME IF SO DESIRED.

SINCERELY,

A handwritten signature in black ink, appearing to read "Luis Barrios", written in a cursive style.

LUIS BARRIOS