


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION REINSTATEMENT**



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

FILED  
 01 SEP 10 PM 4: 29  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # P98000039672  
 1. Corporation Name  
 Bibo-Tech, Inc.  
 WOI-20333

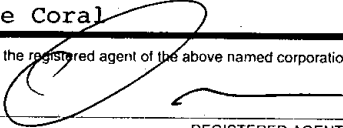
2. Principal Office Address		3. Mailing Office Address	
1105 Cape Coral Pkwy.E.		1105 Cape Coral Pkwy.E.	
Suite, Apt. #, etc. Suite C		Suite, Apt. #, etc. Suite C	
City & State Cape Coral, Florida		City & State Cape Coral, Florida	
Zip 33904	Country USA	Zip 33904	Country USA

4. Date Incorporated or Qualified To Do Business in Florida April 30, 1998  
 5. FEI Number  Applied For  Not Applicable  
 6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required for a Certificate of Status

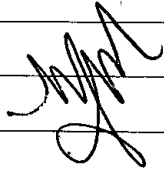
09-01

7. Name and Address of Current Registered Agent

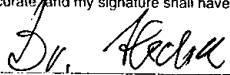
Name  
 Darrin R. Schutt, Esq. 200004588582-7  
 Street Address (P.O. Box Number is Not Acceptable)  
 1105 Cape Coral Parkway, East -09/14/01-01049-016  
 Suite, Apt. #, Etc. \*\*\*\*300.00 \*\*\*\*300.00  
 Suite C  
 City  
 Cape Coral State FL Zip Code 33904

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  Date 7/10/01  
 REGISTERED AGENT MUST SIGN

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	Hechtl, Christian	1824 S.W. 48th Lane	Cape Coral, Florida 33904
			200004588582-7 -09/14/01-01049-017 ****150.00 ****150.00
			

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:  09/23/01  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E001 (8/99)