


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

112

FILED

2005 JUL 29 PM 3:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>CORPORATION</b> 2005 AR		<b>FLORIDA DEPARTMENT OF STATE</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT #** P01000056256

**1. Corporation Name**

429 Hibiscus Corp.

**2. Principal Office Address**

c/o Bared & Associates, PA

**3. Mailing Office Address**

c/o Bared and Associates, PA

Suite, Apt. #, etc.

1500 San Remo Ave, #103

Suite, Apt. #, etc.

1500 San Remo Ave., #103

City & State

Coral Gables, FL

City & State

Coral Gables, FL

Zip

33146

Country

USA

Zip

33146

Country

**4. Date Incorporated or Qualified  
To Do Business in Florida**

**5. FEI Number**

65-1139088

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

Pablo R. Bared, Esq., Bared and Associates, PA

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

1500 San Remo Avenue

Suite, Apt. #, Etc.

Suite 103

City

Coral Gables

State

FL

Zip Code

33146

**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 7/25/05

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	Jose Anton	1500 San Remo Ave #103	Coral Gables, FL 33146
P	Patricia Anton	1500 San Remo Ave #103	Coral Gables, FL 33146

**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:**

*P. Anton*

Patricia Anton, President

7/25/05

305-666-6010

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/05)

8/14/05

2/2

**BARED & ASSOCIATES, P.A.**  
ATTORNEYS AND COUNSELORS AT LAW

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1500 SAN REMO AVENUE  
SUITE 103  
CORAL GABLES, FL 33146  
TELEPHONE-(305) 666-6010—FAX (305) 666-2831  
[BARED@BAREDLAW.COM](mailto:BARED@BAREDLAW.COM)

July 25, 2005

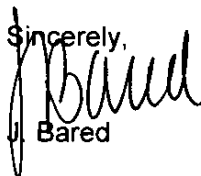
Division of Corporation  
Corporate Filing  
P.O. Box 6327  
Tallahassee, Florida 32314

Re: 429 Hibiscus Corp.  
Our File No. 00-223

To whom it may concern:

Attached please find 2005 Reinstatement Uniform Business Report for the above captioned corporation, along with our firms check in the amount of \$150.00 for the annual filing fee. Please note that we had not received the notice in the mail because our office had moved.

Thank you in advance for your attention regarding this matter. If you should have any further question please contact our office.

Sincerely,  
  
J. Bared

/jb