

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

122

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 FEB 28 PM 1:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # FO1000006149

1. Corporation Name
Cibat Financial Inc.

2. Principal Office Address
2875 NE 191st Street

Suite, Apt. #, etc.
Suite 605

City & State
Aventura, FL

Zip Country
33180 USA

3. Mailing Office Address
2875 NE 191st Street

Suite, Apt. #, etc.
Suite 605

City & State
Aventura, FL

Zip Country
33180 USA

4. Date Incorporated or Qualified
To Do Business in Florida 11/30/2001

5. FEI Number 65-1153757
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
Corporation Service Company
Street Address (P.O. Box Number is Not Acceptable)
1201 Hays Street
Suite, Apt. #, Etc.
City
Tallahassee

State Zip Code
FL 32301

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 Cynthia L. Harris **Cynthia L. Harris as its agent** Date February 28, 2003
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
PSD	Joe Ackerman	2875 NE 191st Street	Aventura, FL 33180
D	Michael C. Aron	2875 NE 191st Street	Aventura, FL 33180
D	Craig Rimer	2875 NE 191st Street	Aventura, FL 33180
			400013276484

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)(f), 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] Joe Ackerman 2/13/2003 (305) 931-2005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (10/02)

262

February 13, 2003

Florida Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

Re: Cibat Financial Inc.

Dear Secretary of State:

I would like to respectfully request that the penalty fee associated with my reinstatement application be waived. I did not receive my Florida Annual Report because the company moved to a new address and the annual report was never forwarded to such address. I deeply regret this oversight and I assure you this will not happen in the future.

Additionally, to ensure we receive our annual reports in the future, we are electing CSC as our registered agent in Florida. Thank you for your time and consideration.

Sincerely,



Joe Ackerman
President



CORPORATION SERVICE COMPANY™

ACCOUNT NO. : 072100000032

REFERENCE : 934447 7294701

AUTHORIZATION :

Patricia Pujols

COST LIMIT : \$ 300.00

ORDER DATE : February 18, 2003

ORDER TIME : 11:32 AM

ORDER NO. : 934447-005

CUSTOMER NO: 7294701

CUSTOMER: Joe Ackerman
Cibat Financial Inc
2875 Ne 191st Street
Suite 605
Aventura, FL 33180

REINSTATEMENT

NAME: CIBAT FINANCIAL INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight, EX 1156

NOTARY PUBLIC INITIALS _____
 DIVISION OF CORPORATIONS
 03 FEB 28 PM 1:01
 RECEIVED