

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRET
DIVISION OF CORPORATIONS

10 JAN 25 PM 12:30

DOCUMENT # FD7000001775

IBZ Services of Florida Inc

700165746867
01/11/10--01051--006 **1050.00

CR2E081 (11/09)

2. Principal Office Address - No P.O. Box #

1106 Pinehurst Rd

Suite, Apt. #, etc

City & State

Dunedin, FL

Zip

34698

Country

USA

3. Mailing Office Address

1106 Pinehurst Rd

Suite, Apt. #, etc.

City & State

Dunedin, FL

Zip

34698

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

4/2/07

5. FEI Number

None

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

Christina Dabney

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

1106 Pinehurst Rd

Suite, Apt. #, Etc.

City

Dunedin

State

FL

Zip Code

34698

☐ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

[Signature]

Date

1/6/10

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
<u>515</u>	<u>Gerald Pitts</u>	<u>2710 Thomas Ave</u>	<u>Cheyenne, WY 82001</u>

B 1/26/10

REINSTATEMENT 08-10

10. E-mail Address: info@wyomingcompany.com

(To be used for future annual report notification)

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. I further certify, 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: Gerald Pitts Gerald Pitts

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/6/10 307-632-3333

Daytime Phone #