PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM	
APPLICATION SEE FLORIDA DEPARTMÈ	NT OF STATE
FOR Sandra B. Mor	
REINSTATEMENT DIVISION OF CORPOR	RATIONS
DOCUMENT # \$\63040	20.000 to 10.01
1. Corporation Name INTERNATIONAL BUILDERS ASSOCIAT	SES, INC. SECULIFIED OF STATE PARTY OF STATE
Principal Place of Business Mailing Address  601 N. FEDERAL HIGHWAY 1932 NE 151 STREET	
REINSTATEMENT (1 - C)	
If above addresses are incorrect in any way, line through incorrect information and enter	COMPANY AND
2. New Principal Office Address. If Applicable 3. New Mailing Office Address. If 177 NW 72 AVenue 7177	Applicable 4. Date Incorporated or Qualified
Suite, Apt. #, etc. 2 3 2 Suite, Apt. #, etc. 2 32	5. FEI Number 2/15/88 Applied For
City & State City & State MIANI FLOR	0.
133126 U.S.A STATUS DESIRED Tor a Certificate of Status	
	eet Address of Each licer and/or Director City / State / Zip
	se Post Office Box Numbers) 4
PD SCEMLA, CLAUDE 105 Ocea	N Blud. Golden Beach, FL 33160
STD PROVOTELLE, ROLAND 4 AVENUE	DES TERNES PARIS, FRANCE
<u></u>	6000027808165 -02/19/9901055012
	****150.00 ****150.00
-	
	6000027808264
8. Name and Address of Current Registered Agent	
CLAUDE SCEMLA	Street Address (P.O Box Number is Not Acceptable)  Sinte Ant A Fig. 5
HOLLYWOOD, FL 33020	Suite, Apt. #, Etc.
	GOLDEN BEACH   State   Zip Gode   FL   33160
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 Date HEGGEL RED AGENT MUST SIGN	
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.	
12 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: CLAUDE SCEMLA SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  CLAUDE SCEMLA Date: D	
SIGNATURE: CLAUDE SCEMLA SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  CLAUDE SCEMLA Date: D	