

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 JAN -6 PM 3:21

SECRET
TALLAHASSEE, FLORIDA

DOCUMENT # L14351

1. Corporation Name

FRIBOURG OF FLORIDA, INC.

2. Principal Office Address

200 S. Biscayne Blvd.

Suite, Apt. #, etc.

4640

City & State

Miami, Fl

Zip

33131

Country

USA

3. Mailing Office Address

200 S. Biscayne Blvd.

Suite, Apt. #, etc.

Suite 4640

City & State

Miami, Fl

Zip

33131

Country

USA

Handwritten signature

REINSTATEMENT 00-06

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

9/8/89

5. FEI Number

65-0142175

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

MARK BISBING

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

200 S. Biscayne Blvd.

Suite, Apt. #, Etc.

4640

City

Miami

300063984473
01/18/06 01079-022 **1618.75
State Zip Code
FL 33131

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

Handwritten signature

REGISTERED AGENT MUST SIGN

Date

1/3/06

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
PTSD	Mark Bisbing	200 S. Biscayne Blvd.	Miami, Fl 33131

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 contained in Chapter 119, 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:

Handwritten signature

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/3/06

Date

(305) 377-1564

Daytime Phone #

Mark Bisbing, Pres.