

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

APPROVED AND FILED

1997 NOV 10 PM 4:11

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **L91424**

1. Corporation Name

SIBREL ENTERPRISES, INC.

Principal Place of Business

Mailing Address

233 N RIDGEWOOD DR
 SEBRING FL 33870

233 N RIDGEWOOD DR
 SEBRING FL 33870



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		08/01/1990	
City & State		457 S. Commerce Ave. SEBRING, FL		5. FEI Number	
Zip		33870		59-3084030	
Country		USA		Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PST	SIBREL, GEORGE DAVID	233 N RIDGEWOOD DR	SEBRING FL
VP	SIBREL, PATRICIA M.	233 N. RIDGEWOOD DR	SEBRING FL
			900002346549-6 -11/13/97-01055-023 ***750.00 ***750.00
			REINSTATEMENT 197 506-10-97

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ABLES, CLIFFORD M., III
 457 S COMMERCE AVE
 SEBRING FL 33870

Name	
Street Address (P.O. Box Number Is Not Acceptable)	
Suite, Apt. #, Etc.	
City	State Zip Code
	FL

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 _____
 REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. **TAXES HAVE BEEN PAID**
 Yes No (See other side for information on intangible tax.)

12. 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: George David Sibrel Nov, 4, 1997 3858342
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2ED40 (8/97)