

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 JUN 19 PM 2:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #**

M05349

**1. Corporation Name**

I.B.T. International

600020518726  
06/04/03--01047--003 \*\*150.00

**2. Principal Office Address**

811 S.E. 31st Street

Suite, Apt. #, etc.

**City & State**

Boca Raton, FL

**Zip**

33432

**Country**

USA

**3. Mailing Office Address**

P.O. Box 1057

Suite, Apt. #, etc.

**City & State**

Boca Raton, FL

**Zip**

33429

**Country**

USA

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

9-19-84

**5. FEI Number**

59-2431908

**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**

Kerry Gleeson

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

811 S.E. 31st Street

Suite, Apt. #, Etc.

**City**

Boca Raton

**State**  
FL

**Zip Code**  
33432

**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

*Kerry Gleeson*  
REGISTERED AGENT MUST SIGN

Date 5-20-03

**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
P D	Kerry Gleeson	811 S.E. 31st Street	Boca Raton, FL 33432
S D T	Jill Gleeson	811 S.E. 31st Street	Boca Raton, FL 33432

**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)(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:**

*Kerry Gleeson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-20-03

Date

561-367-0467

Daytime Phone #

CR2E081 (10/02)

g 6/15