

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # M90075

1. Corporation Name

Li-Bo, Inc.

Principal Place of Business

505 Wekiva Springs Road
Suite 800
Longwood, FL 32779

Mailing Address

505 Wekiva Springs Road
Suite 800
Longwood, Florida 32779

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

July 19, 1988

5. FEI Number

59-2900517

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D	Robert F. Schellenbarg	1043 N. Mills Avenue	Orlando, FL 32803

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B3-8-99

8. Name and Address of Current Registered Agent

Stephen M. Stone
725 N. Magnolia Avenue
Orlando, FL 32803

9. Name and Address of New Registered Agent

Name

Robert F. Schellenbarg

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

1043 N. Mills Avenue

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32803

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0605, F.S.

Signature of
Registered Agent

Robert F. Schellenbarg
REGISTERED AGENT MUST SIGN

Date

3-4-99

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. 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:

Robert F. Schellenbarg

Robert F. Schellenbarg

3-4-99

Date

(407) 898-9044
Daytime Phone #