

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 # NA50000001714

1. Corporation Name

INTERNATIONAL BUSINESS AND INFORMATION CENTER, INC.

Principal Place of Business

444 SW 2nd Avenue
Miami, FL 33130

Mailing Address

P.O. Box 330708
Miami, FL 33233-0708

FILED

97 APR 18 PM 1:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

REINSTATEMENT 96-97

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

4-10-1995

5. FEI Number

65-0584133

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)

Name of Officers
and/or Directors

Street Address of Each
Officer and/or Director

3 (Do NOT Use Post Office Box Numbers)

4 City / State / Zip

| | | | |
|---|-------------------------|---------------------------------------|------------------------|
| D | Rafael A. Garcia-Toledo | 999 Ponce de Leon Blvd., 935 | Coral Gables, FL 33134 |
| D | John Gale, P.A. | 1001 S. Bayshore Drive, Suite 1508 | Miami, FL 33131 |
| D | Robert J. Rodriguez | 5999 Biscayne Blvd. | Miami, FL 33137 |
| D | Dwayne A. Wynn | 741 NW 62nd Street | Miami, FL 33150 |
| | | | |
| | | | |

4/22/97

8. Name and Address of Current Registered Agent

Manuel J. Gonzalez
444 Sw 2nd Avenue
Riverside Center
Miami, FL 33130

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

100002152061--3

04/23/97-01077-009

****297 FL ****297.50

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

REGISTERED AGENT MUST SIGN

Date

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Manuel J. Gonzalez

4/3/97

Date

305-416-1941

Daytime Phone #

CR2E040 (12/96)