

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 OCT 20 PM 2:17

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000063528

1. Corporation Name

FBN CORP.

2. Principal Office Address - No P.O. Box #

3650 N. 36TH AVE

3. Mailing Office Address

3650 N. 36TH AVE

Suite, Apt. #, etc.

V-12

Suite, Apt. #, etc.

V-12

City & State

HOLLYWOOD FL

City & State

HOLLYWOOD FL

Zip

33021

Country

USA

Zip

33021

Country

USA

100161935251
10/20/09--01018--008 **1950.00
CR2E081 (12/08)

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

06/29/2000

5. FEI Number

☒ 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

JESSE L. WIENER

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

3650 N. 36TH AVE

Suite, Apt. #, Etc.

V-12

City

HOLLYWOOD

State

FL

Zip Code

33021

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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**

Jesse L. Wiener
REGISTERED AGENT MUST SIGN

Date *10-16-09*

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,S,T	JESSE L. WIENER	3650 N. 36TH AVE, Apt. V-12	HOLLYWOOD FL 33021

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:

Jesse L. Wiener
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JESSE L. WIENER

10-16-09
Date

(954) 963-4779
Daytime Phone #