

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000071045

1. Corporation Name

Cibran Enterprises, Inc.

Principal Place of Business

Mailing Address

2. Principal Place of Business

21 4180 Malaga Avenue

Suite, Apt. #, etc.

22

City & State

23 Coral Gables FL

Zip

24 33133

County

25 Dade

2a. Mailing Address

25 4180 Malaga Avenue

Suite, Apt. #, etc.

27

City & State

28 Coral Gables FL

Zip

29 33133

County

30 Dade

9. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES, FL 33134

10. Name and Address of New Registered Agent

81 Name

Corporate Creations Network, Inc.

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

941 Fourth Street # 200

83

84 City
Miami Beach

FL

85

Zip Code
33139

11. Pursuant to the provisions of Sections 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Karla Samia, VP

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/13/03

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
President
Mariano Cibran
4180 Malaga Avenue
Coral Gables FL 33133

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Secretary
Mariano Cibran
4180 Malaga Avenue
Coral Gables FL 33133

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Treasurer
Mariano Cibran
4180 Malaga Avenue
Coral Gables FL 33133

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

800013632008
03/06/03--01060--018 **900.00

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13, or on attachment with an address.

SIGNATURE Mariano Cibran

Signature, typed or printed name of signing officer or director

2/10/03

Date

813-810-7394

Daytime Phone #

REINSTATEMENT

02-03

3. Date Incorporated or Qualified 7/26/2000 3a. Date of Last Report 3/27/01
4. FEI Number 65-1029620 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No