

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 JAN -2 AM 11:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

8018000008939

1. Corporation Name

Inba International (Florida) Group, Inc.

2. Principal Office Address

17707 N.W. Miami Ct.

3. Mailing Office Address

17707 N.W. Miami Ct.

Suite, Apt. #, etc.

Ste. 4

Suite, Apt. #, etc.

Ste. 4

City & State

Miami, FL

City & State

Miami, FL

Zip

33169

Country

U.S.A.

Zip

33169

Country

U.S.A.

REINSTATEMENT 03

4. Date Incorporated or Qualified
To Do Business in Florida

Oct. 25, 2002

5. FEI Number

65-1091058

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

Ereth B. Wallace

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

17707 N.W. Miami Ct.

Suite, Apt. #, Etc.

Ste. 4

City

Miami

000025941170

01/02/04-01056-023 **150.00

State

FL

Zip Code

33169

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

[Signature]

REGISTERED AGENT MUST SIGN

Date *12-30-03*

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
D	Wallace, Ereth B.	17707 N.W. Miami Ct.	Miami, FL 33169

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-30-03

Date

305-249-7200

Daytime Phone #

CR2E081 (10/02)

December 29, 2003

Inba International Florida Group, Inc.
17707 N.W. Miami Ct., Ste. 4
Miami, FL 33169

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Sir or Madam:

Enclosed you will find our reinstatement application and a check for \$150.00. We are hereby requesting that the penalty for failure to file our annual report be waived. Our company's mailing address changed to 17707 N.W. Miami Ct., Ste. 4, Miami, Florida 33169 and the post office was duly notified. Unfortunately, the post office did not forward our mail to the correct address and therefore, we were unable to file our annual report.

Thank you very much for your understanding and co-operation in this matter.

Respectfully yours,

Erett B. P. Wallace