

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JUL 29 PM 12:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000078551

1. Corporation Name

F.B.D., INC.

2. Principal Office Address Dania Fl. 33004

368 EAST DANIA BEACH BLVD.

Suite, Apt. #, etc.

City & State

DANIA Florida

Zip

33004

Country

USA

3. Mailing Office Address Dania Fl 3300

368 EAST DANIA BEACH BLVD

Suite, Apt. #, etc.

City & State

DANIA, Florida

Zip

33004

Country

USA

REINSTATEMENT 03-04

4. Date Incorporated or Qualified
To Do Business in Florida

08/09/01

5. FEI Number

651129725

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

Robert A. Walk

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

368 EAST DANIA BEACH BLVD

Suite, Apt. #, Etc.

City

DANIA

State

FL

Zip Code

33004

400039786464

08/02/04--01058--003 **300.10

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

Robert A. Walk

Date

7/15/04

REGISTERED AGENT MUST SIGN

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	WALK, John H	6411 NW 28 Drive	MARGATE, Florida 33063

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John H. Walk

Date

7/15/04

Daytime Phone #

954-448-2476

To: Department of State
Division of Corporations
409 East Gaines Street
Tallahassee FL 32399

This letter is to reinstate the IBD Inc. The corporation did not receive the documents to file the Annual reports in 2003. We would like to reinstate the IBD Inc with this letter, corporation reinstatement document, and check #5007 for the amount of 300.00. Document #p0100007855, FEI #651129725. Registered Agent, Roberta Walk. Director John Walk.

Thank You
John Walk

Enclosed
corporation reinstatement document
reinstatement letter
check #5007 for \$300.00

print JOHN C. WALK
John Walk - Director
signature 
John Walk - Director