

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2007 OCT 23 AM 9:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000093615**

1. Corporation Name

INSTABANC CORPORATION

REINSTATEMENT

06-07

2. Principal Office Address - No P.O. Box #
1031 IVES DAIRY ROAD

Suite, Apt. #, etc.
228

City & State
NO. MIAMI BEACH

Zip
33179

Country
DADE

3. Mailing Office Address
1031 IVES DAIRY ROAD

Suite, Apt. #, etc.
228

City & State
NO. MIAMI BEACH

Zip
33179

Country
DADE

4. Date Incorporated or Qualified
To Do Business in Florida
2002

5. FEI Number
4605 00821

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

**\$375 Additional Fee required
for a Certificate of Status**

7. Name and Address of Current Registered Agent

Name
LIAM HUTCHINSON

Street Address (P.O. Box Numbers Not Acceptable)
1031 IVES DAIRY ROAD

Suite, Apt. #, Etc.
228

City
NO. MIAMI BEACH

State
FL

Zip Code
33179

☐ 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

REGISTERED AGENT MUST SIGN

Date

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
C	LIAM HUTCHINSON	1031 IVES DAIRY ROAD	NO. MIAMI BEACH FL 33179

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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:

Liam Hutchinson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

OCTOBER 19 2007

Date

212 433 0273

Daytime Phone #

10/25/07