

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 OCT 22 PM 4:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P05000008596**

1. Corporation Name

GRUPO IBIS CORP.

REINSTATEMENT 06-08
JC 10/22
CR2E081 (12/07)

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

9595 COLLINS AVE.

3. Mailing Office Address

8345 NW 66TH ST.

Suite, Apt. #, etc.

808

Suite, Apt. #, etc.

8961

City & State

SURFSIDE, FL

City & State

MIAMI, FL

Zip

33154

Country

USA

Zip

33166

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

1/14/05

5. FEI Number

9-3794730

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$6.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

DIEGO JORGE SANCHEZ-NAVARRO

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

9595 COLLINS AVE.

Suite, Apt. #, Etc.

808

City

SURFSIDE, FL

State

FL

Zip Code

33154

☐ 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

[Signature]
REGISTERED AGENT MUST SIGN

Date

09/20/2008

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/D	DIEGO JORGE SANCHEZ-NAVARRO	9595 COLLINS AVE. #808	SURFSIDE, FL 33154

000137174180
10/22/08--01035--004 **1050.00

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:

[Signature]

DIEGO JORGE SANCHEZ-NAVARRO

Date

09/20/2008

Daytime Phone #

(352) 984-2097