

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2008 JAN 11 AM 11:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P06000076114.

1. Corporation Name

IBEISA CORP.

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

15155 SW 20th.

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Miami - FL.

City & State

Zip

Country

33185.

Dade.

Zip

Country

7. Name and Address of Current Registered Agent

Name

Ibelisse Garcia.

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

15155 SW 20 lane.

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33185.

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

Ibelisse Garcia
REGISTERED AGENT MUST SIGN

Date

01/10/08.

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	Ibelisse Garcia	15155 SW 20 lane	Miami - FL - 33185

REINSTATEMENT

07-08

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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:

Ibelisse Garcia

01/10/08.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #