

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR REINSTATEMENT**

**FLORIDA DEPARTMENT OF STATE**  
**Sandra B. Mortham**  
 Secretary of State  
 DIVISION OF CORPORATIONS



AND  
FILED

98 DEC 24 AM 11:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P92000002767

1. Corporation Name  
IBNS MANUFACTURING CORP.

Principal Place of Business Mailing Address  
 1435 ALTON ROAD 1450 ALTON ROAD  
 MIAMI BEACH, FL 33139 MIAMI BEACH, FL 33139

7000002727077-9  
 -12/30/98-01088-023  
 \*\*\*1358.75 \*\*\*1358.75

**REINSTATEMENT** 94-98

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable 767 ARTHUR GODFREY ROAD Suite, Apt. #, etc.		3. New Mailing Office Address, If Applicable 767 ARTHUR GODFREY ROAD Suite, Apt. #, etc.		4. Date Incorporated or Qualified To Do Business In Florida 10/30/1992	
City & State MIAMI BEACH, FL 33140		City & State MIAMI BEACH, FL 33140		5. FEI Number 65-0357089	
Zip Country		Zip Country		6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
PD	BRACH, NATAN	767 ARTHUR GODFREY ROAD	MIAMI BEACH, FL 33140
VD	STERNBERG, IRVING	1 BEACH TERRACE	MILBURN, NJ

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BRACH, NATAN  
 1435 ALTON ROAD  
 MIAMI BEACH, FL 33139

Name  
**STEINBERG, PAUL B.**  
 Street Address (P.O. Box Number is Not Acceptable)  
 767 ARTHUR GODFREY ROAD  
 Suite, Apt. #, Etc.  
 City  
**MIAMI BEACH**  
 State  
**FL**  
 Zip Code  
**33140**

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

Date 12/21/98

REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☐ No ☒

(See other side for information on intangible tax.)

12. 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)(f), 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: NATAN BRACH President 12/21/98 (305) 538-2374  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (1/98)