

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 JUN -8 AM 9:34

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P93000048761			
1. Corporation Name LIBAGI ENTERPRISES, INC.			
2. Principal Office Address 13310 N.W. 8TH. ST. Suite, Apt. #, etc.		3. Mailing Office Address 13310 N.W. 8TH. ST. Suite, Apt. #, etc.	
City & State MIAMI-FL.		City & State MIAMI-FL.	
Zip 33182	Country DdL	Zip 33182	Country DdL

REINSTATEMENT 00-01

4. Date incorporated or Qualified To Do Business in Florida 7/13/93	
5. FEI Number 65-0429090	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED ☒ \$0.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent	
Name SOLARS ALFONSO	
Street Address (P.O. Box Number is Not Acceptable) 724 N.W. 133rd.	
Suite, Apt. #, Etc.	
City MIAMI-	State FL
	Zip Code 33182

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****308.75 ****908.75

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0605 or 617.0603, F.S.			
Signature of Registered Agent 		Date 5-25-01	
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
Pr.	L. Russo	724 N.W. 133rd Ave.	MIAMI-FL. 33182

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)(c), 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

Date

Daytime Phone #

CR2E081 (9/00)