

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

05 JUN 21 AM 8:35

DOCUMENT # P93000048761

1. Corporation Name

Libagi Enterprises, Inc.

2. Principal Office Address

13310 NW 8 Street

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33182

Country

US

3. Mailing Office Address

13310 NW 8 Street

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33182

Country

US

REINSTATEMENT

03-05

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

07/13/1993

5. FEI Number

650429090

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Russo, Livio

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

13310 NW 8 Street

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33182

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 06/17/05

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, S, T, D	Russo, Livio	12505 SW 202 Avenue	Miami, FL 33170

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)(i), 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Livio Russo

06/17/05

Date

305-248-1486

Daytime Phone #

CR2E081 (01/05)