

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATION



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 SEP 30 PM 4:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-10/04/02--01062--017
****300.00 ****300.00

DOCUMENT # P93000064427

1. Corporation Name

Law Office of Montgomery Blair Sibley, Chartered
Attorney + Counselor at Law

2. Principal Office Address

14512 Lee Road,

Suite, Apt. #, etc.

Suite H

City & State

Chantilly, VA

Zip

Country

20151

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Chantilly, VA

Zip

20151

Country

4. Date Incorporated or Qualified
To Do Business in Florida

9/10/93

5. FEI Number

59-3311616

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name

Montgomery B. Sibley

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

10640 SW 53rd Ave

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33156

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 9/26/02

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
Pres	Montgomery B Sibley	14512 Lee Road, Suite H	Chantilly, VA 20151

01-02 400

170

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature] - Montgomery Blair Sibley

9/27/02

Date

202-478-0371

301-806-34

Daytime Phone #

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Montgomery Blair Sibley

Attorney & Counselor at Law

14512 Lee Road, Suite H

Chantilly, Virginia 20151

(202) 478-0371 (Voice/Fax)

mbsibley@earthlink.net

September 27, 2002

Department of State

Division of Corporations

Corporate Filings

P.O. Box 6327

Tallahassee, FL 32314

Re: Reinstatement of "Law Offices of Montgomery Blair Sibley, Chartered Attorney & Counselor at Law"

Greetings:

Please find enclosed my reinstatement petition and a check made payable to the Secretary of State for \$300.00. The reason I did not receive the 2001 & 2002 forms was that I had moved to Maryland and they did not find me.

Yours,

