

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # **A93000075990**

1. Corporation Name

KIBON INVESTMENTS, INC.

Principal Place of Business

Mailing Address

**3589 SIMMS STREET
HOLLYWOOD, FL 33021**

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

2. New Principal Office Address, If Applicable

3589 SIMMS ST.

3. New Mailing Office Address, If Applicable

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

HOLLYWOOD FL

City & State

Zip

33021

Country

U.S.A.

Zip

Country

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

| Title(s) 1 | Name of Officers and/or Directors 2 | Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3 | City / State / Zip 4 |
|---------------|---|--|-------------------------------|
| D/P. | AUDETT CARBY | 3589 SIMMS STREET | HOLLYWOOD FL 33021 |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

000002810956-3
-03/18/99-01088-011
*****1358.75 ***1358.75**

8. Name and Address of Current Registered Agent

JEFFREY, PEINBERG
4651 SHERIDAN ST.
SUITE 300
HOLLYWOOD, FL 33021

9. Name and Address of New Registered Agent

Name **JAMES M. SCHIFF, ESQ.**
Street Address (P.O. Box Number is Not Acceptable)
9130 SOUTH DADELAND BLVD.
Suite, Apt. #, Etc.
1609
City **Miami**
State **FL** Zip Code **33156**

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

James M. Schiff
REGISTERED AGENT MUST SIGN

Date **3/2/99**

11. This corporation owes 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)(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:

Audett Carby
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

AUDETT CARBY, DIRECTOR + PRESIDENT

3/2/99
Date

305 899 8265
Daytime Phone #

FILED

99 MAR -4 AM 11:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 95-99

4. Date Incorporated or Qualified
To Do Business in Florida
11/3/93

5. FEI Number

65-0463888

Applied For

Not Applicable

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CERTIFICATE OF STATUS DESIRED ☐

**\$8.75 Additional Fee required
for a Certificate of Status**