PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
05 NOV 23 AM 11:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000075990

1. Corporation Name
Kibon Investments Inc

2. Principal Office Address	3. Mailing Office Address
1007 N. Federal Hwy	
Suite, Apt. #, etc. # 140	Suite, Apt. #, etc.
City & State Fort Lauderdale	City & State Fl. 33304
Zip / Country	Zip / Country

REINSTATEMENT CR2E081 (6/05) 03-05

4. Date Incorporated or Qualified To Do Business in Florida: June 1 1993

5. FEI Number: 65-0443110 — Applied For / Not Applicable

6. CERTIFICATE OF STATUS REQUIRED ☐

7. Name and Address of Current Registered Agent

Name: Audett CARby
Street Address (P.O. Box Number is Not Acceptable): 1007 N. Federal Hwy
Suite, Apt. #, Etc.: # 140
City: Fort Lauderdale — State: FL — Zip Code: 33304

8. I hereby accept the registered agent of the above named corporation, and hereby with and accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of Registered Agent: [signature] Date: 11.07.05
REGISTERED AGENT MUST SIGN

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

TITLE	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
	Audett CARby	1007 N Federal Hwy #140	Ft Lauderdale, Fl. 33304
	(Only)		

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10. I certify that I am an officer or director of the restored or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that the 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] 11.7.05 954-822-8040
SIGNATURE AND TYPED OR PRINTED NAME OF [illegible] OFFICER OR DIRECTOR — Date — Daytime Phone #

Audett CARby — President