

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Jul 2

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

NOV - 8 PM 12: 17

DOCUMENT # P93000081811

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Corporation Name

BIB Corp.

2. Principal Office Address

240 SW 12TH AVE

Suite, Apt. #, etc.

City & State

FL

Zip

33442

Country

3. Mailing Office Address

Deerfield Beach

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT

2001

4. Date Incorporated or Qualified
To Do Business in Florida

10/8/99

5.

65 0454840

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

Steven Schwartz

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

240 SW 12TH AVE

Suite, Apt. #, Etc.

Deerfield Beach

City

Deerfield Beach

State

FL

Zip Code

33442

100004700691-0

-11/30/01--01063--007

****150.00 ****150.00

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

REGISTERED AGENT MUST SIGN

Date

10/9/01

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	Schwartz, Steven	240 SW 12TH AVE Deerfield Beach,	FL 33442

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:

Steven Schwartz

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/9/01

Daytime Phone #

9544229959

CR2E081 (9/00)