

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 JAN 13 PM 1:53

DOCUMENT # P94000017544

1. Corporation Name

SIB-CON, Inc

2. Principal Office Address

2740 NW 112 Ave

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Zip

33172

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-0483795

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

Bernardo Koper

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

2740 NW 112 Ave

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33172

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 12/31/02

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

P

Bernardo Koper

2740 NW 112 Ave

Miami, FL 33172

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

Bernardo Koper

Date

12/31/02 (305) 597-7110

Daytime Phone #

CR2E081 (9/01)

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SIB-CON, INC.
2740 N.W. 112 AVENUE
MIAMI, FLORIDA 33172

(305) 597-7110
(305) 597-7117

December 31, 2002

Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314
Attn: Ms. Pat Bailey

Ref: Sib-Con, Inc.
Doc.#: P94000017544

Dear Ms. Pat Bailey:

Enclosed please find the letter from our bank and a check in the amount of \$165.00 as per our conversation.

If you need any additional information or have any questions please feel free to contact me at (305) 597-7110.

Sincerely,

Maribel Vazquez
Comptroller

Enclosures



December 27, 2002


Florida Department of State

Re: Sib-Con Inc.
Acct.#020002691310

Gentlemen:

Please be advised that when check #1189 i/a/o \$150.00 payable to Department of State was presented for payment was not honored because the above referenced account was closed on May 24, 2002. It is our policy not to notify our customer once the account has been closed, about any incoming items.

Sincerely,


Zoraida Chamizo
V.P. of Sales