

1032

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
04 MAY 24 AM 8:00

DOCUMENT # P94000057668

1. Corporation Name

HIBISCUS PROPERTIES, INC.

2. Principal Office Address

42 NW 27 AVE

Suite, Apt. #, etc.

309

City & State

MIAMI, FL

Zip

33125

Country

USA

3. Mailing Office Address

42 NW 27 AVE

Suite, Apt. #, etc.

309

City & State

MIAMI, FL

Zip

33125

Country

USA

REINSTATEMENT

03-04
MRD

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number

65-0516236

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

BABE, NANCY

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

42 NW 27 AVE SUITE 309

Suite, Apt. #, Etc.

1204

City

MIAMI

State

FL

Zip Code

33125

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

Nancy Babe
REGISTERED AGENT MUST SIGN

Date 5/17/2004

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
PD	BABE, NANCY	42 NW 27 ave SUITE 309	MIAMI, FL 33125
		400037010714 05/24/04--01008--008 **300.00	

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:

Nancy Babe
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/17/2004 305-887-4185

Date

Daytime Phone #

CR2E081 (10/02)

292

Hibiscus Properties, Inc.

42 NW 27 Ave.

Suite 309

Miami, Florida, 33125

Miami, May 17, 2004

Florida Department of State
Division of Corporations

Ref: Change of address and mailing address

This note is to explain that I never received the forms to fill the UBR 2003 and 2004.

I have moved from the address that you have registered in your records, this is the reason why I did not receive the form.

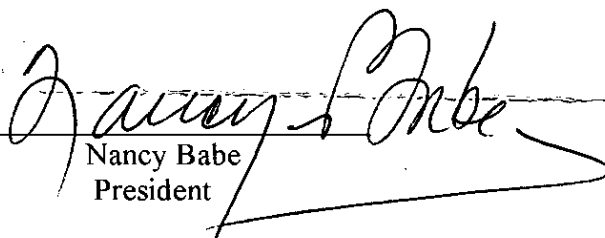
Please take notice of my new address. I completely forgot about this until now that my bookkeeper told me to renew it.

PLEASE ACCEPT MY PAYMENT AND LATENESS I am sending a check for 300.00^{\$} that is payment for 2003 and 2004.

This is the physical and mailing address of my business.

Corporation name :	Hibiscus Properties, Inc.
Document Number:	P94000057668
New Address:	42 NW 27 Ave.
	Suite 309
	Miami, Florida, 33125

Thanks for your help.


Nancy Babe
President