

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE
		Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS

APPROVED
AND
FILED

DOCUMENT # P95000025358

1. Corporation Name

TIBS INC.

97 JUN -4 PM 1:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
POST OFFICE BOX 33206 PALM BEACH GARDENS, FL 33420	SAME

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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida MAR 30, 1995	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 59-3307278	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

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

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
PRES. TRSR DR	ALBERT SHACKLETON	4100 NO.OCEAN DR. #2504	SINGER ISLAND, FL 33404
V.P. DR SEC'Y	BARBARA SHACKLETON	4100 NO.OCENA DR. #2504	SINGER ISLAND, FL 33404

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Q. Alan 6-4-97

REINSTATEMENT 96-97

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
ALBERT SHACKLETON 4100 NO. OCEAN DRIVE #2504 SINGER ISLAND, FL 33404	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code
	FL

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


REGISTERED AGENT MUST SIGN

Date

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ALBERT SHACKLETON, PRES.

4-30-97

Date

Daytime Phone #

CR2E040 (12/96)