

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 APR -7 AM 11:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

4/4/03 01049 010 \$300.00
02-03
JBL

DOCUMENT # P95000039802

1. Corporation Name

IBIS Plastics, Inc.

2. Principal Office Address

10733 Cleary Blvd.

3. Mailing Office Address

10733 Cleary Blvd.

Suite, Apt. #, etc.

212

Suite, Apt. #, etc.

212

City & State

Plantation, FL

City & State

Plantation, FL

Zip

33324

Country

USA

Zip

33324

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5/19/95

5. FEI Number

65-0581397

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

Albert M Blake

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

10733 Cleary Blvd

Suite, Apt. #, Etc.

212

City

Plantation

State
FL

Zip Code
33324

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

Albert M Blake

Date **3/28/03**

REGISTERED AGENT MUST SIGN

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	Albert M Blake	10733 Cleary Blvd. # 212	Plantation, FL 33324

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:

Albert M Blake

Albert M Blake

3/28/03

954-476-2168

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

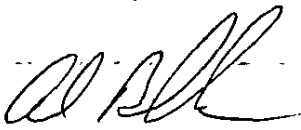
CR2E081 (10/02)

2012

Ms. Milligan,

I did not get my form of the annual report to fill out. I am sending you the reinstatement form and a check for \$ 300.00 I appreciate all your help in this matter.

Thank you,

A handwritten signature in black ink, appearing to read 'Al Blake', written over a horizontal line.

Al Blake