

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000008940

1. Corporation Name

INBA INTERNATIONAL, INC.

Principal Place of Business

2885 N.W. 204TH ST.
MIAMI FL 33056

Mailing Address

2885 N.W. 204TH ST.
MIAMI FL 33056

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

2. New Principal Office Address, If Applicable

3600 S State Road 7
Suite, Apt. #, etc.
347

3. New Mailing Office Address, If Applicable

3600 S. State Road 7
Suite, Apt. #, etc.
347

City & State
Miramar, Fla

Zip
33023

Country

City & State
Miramar, Fla

Zip
33023

Country

4. Date Incorporated or Qualified To Do Business in Florida

01/25/1996

5. FEI Number

65-0640870

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	WALLACE, ERETT B.P.	2885 N.W. 204TH ST. 3600 S. STATE ROAD 7 # 347	MIAMI FL 33056 Miramar, Fla 33023
Δ	BLAIR, SHARON R.	3600 S. STATE RD 7 Suite # 347	MIRAMAR FLORIDA 33023

1000002759641 -- 7
-02/09/99-01067-003
****900.00 ****900.00
90 1/28/99

REINSTATEMENT

8. Name and Address of Current Registered Agent

WALLACE, ERETT B
2885 N.W. 204TH ST.
MIAMI FL 33056

9. Name and Address of New Registered Agent

Name

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

3600 S. STATE ROAD 7 # 347

Suite, Apt. #, Etc

City

MIRAMAR

State

FL

Zip Code

33023

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 1-26-99

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

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]

ERETT B.P. WALLACE

1-26-99 954-961-2009

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (9/98)