

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000016847

1. Corporation Name

IB SYSTEMS, INC.

2. Principal Office Address - No P.O. Box #

17204 BREEDERS CUP DR

Suite, Apt. #, etc.

City & State

ODESSA FL

Zip

33556

Country

USA

3. Mailing Office Address

17204 BREEDERS CUP DR

Suite, Apt. #, etc.

City & State

ODESSA FL

Zip

33556

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

02/17/1996

5. FEI Number

593358738

☐ 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

BUBIS, IGOR

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

17204 BREEDERS CUP DR

Suite, Apt. #, Etc.

City

ODESSA

State

FL

Zip Code

33556

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

Date 02/27/2012

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
DPS	BUBIS, IGOR	17204 BREEDERS CUP DR	ODESSA FL 33556
	MAR 25 2012	REINSTATEMENT 10-12	
	SCOTT		

10. E-mail Address: IBSYSTEMS@GMAIL.COM

(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: IGOR BUBIS

02/27/2012 (727)938-8891

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #