# Florida Department of State

## Division of Corporations

## Electronic Filing Cover Sheet

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To:
Division of Corporations
Fax Number : (850)617-6384

From:
Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850)521-1000
Fax Number : (850)558-1515

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

**Email Address:**_____

**CORPORATION REINSTATEMENT**

**B.I.B. CONSULTANTS, INC.**

| | |
|---|---|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 02 |
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000048507

1. Corporation Name
B.I.B. CONSULTANTS, INC.

**REINSTATEMENT** 09-10

CR3E001 (5/10)

| 2. Principal Office Address - No P.O. Box # | 3. Mailing Office Address |
|---|---|
| 7901 KINGSPOINTE PKWY | 7901 KINGSPOINTE PKWY |
| Suite, Apt. #, etc. UNIT 19 | Suite, Apt. #, etc. UNIT 19 |
| City & State ORLANDO FL | City & State ORLANDO FL |
| Zip 32819 Country US | Zip 32819 Country US |

4. Date Incorporated or Qualified To Do Business In Florida 06/03/1996

5. FEI Number 650672356 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $30.00 Additional Fee Required For Certificate of Status

7. Name and Address of Current Registered Agent

Name: RALPH V HADLEY III

Street Address (P.O. Box Number is Not Acceptable): 1031 WEST MORSE BOULEVARD

Suite, Apt. #, Etc.: SUITE 350

City: WINTER PARK State: FL Zip Code: 32789

7/15

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of Registered Agent: [signature] Date: 7/15/10
REGISTERED AGENT MUST SIGN

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

| Title | Name of Officers and/or Directors | Street Address of Each Officer and/or Director | City / State / Zip |
|---|---|---|---|
| P | EDUARDO M BLANCHET | 4046 LOWER UNION ROAD | ORLANDO FL 32814 |
| S | SILVIA E BLANCHET | 4046 LOWER UNION ROAD | ORLANDO FL 32814 |
| | | | |
| | | | |
| | | | |
| | | | |

10. E-mail Address: rhadley@swannhadley.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., 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.

SIGNATURE: [signature] EDUARDO BLANCHET 7/15/2010 407-310-5611
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #