

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000059641

1. Corporation Name

WIBORG PROPERTIES COMPANY, INC.

Principal Place of Business

Mailing Address

600 WEST 83RD STREET
HIALEAH FL 33014

600 WEST 83RD STREET
HIALEAH FL 33014

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10323 SW 26 ST

DAVIE FL

33324 Broward

FILED
01 FEB -2 PM 4: 05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 00-01

4. Date Incorporated or Qualified To Do Business in Florida

07/16/1996

SP

5. FEI Number

65-0685906

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	4 City / State / Zip
D	WIBORG, ERIC J	600 WEST 83RD STREET	HIALEAH FL 33014

000003661510--2
-02/08/01--01043--021
***900.00 ***900.00

8. Name and Address of Current Registered Agent

BLOCH, STUART E ESQ.
2600 N. MILITARY TRAIL
FOURTH FLOOR
BOCA RATON FL 33431

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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]
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 1/29/01

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 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/26/01 954424205
Date Daytime Phone #

CR2E040 (8/00)