

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

DOCUMENT # P96000068793

1. Corporation Name

VIBO CORPORATION

97 OCT 29 AM 11:49

10/30

Principal Place of Business

Mailing Address

~~7520 MUTINY AVE.~~

~~7520 MUTINY AVE.~~

~~N. BAY VILLAGE FL 33141~~

~~N. BAY VILLAGE FL 33141~~



REINSTATEMENT 97

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

2. New Principal Office Address, If Applicable

7124 S.W. 47 ST.

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

7124 S.W. 47 ST.

Suite, Apt. #, etc.

4. Date Incorporated or Qualified  
To Do Business in Florida

08/19/1996

5. FEI Number

65-0688276

Applied For

Not Applicable

City & State

MIAMI, FLORIDA

City & State

MIAMI, FLORIDA

Zip

33155

Country

U.S.A.

Zip

33155

Country

U.S.A.

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	SURIEL VIDAL	7520 MUTINY AVE.	N. BAY VILLAGE FL 33141
<del>D</del>	<del>JIMENEZ, BOLIVAR</del>	<del>7520 MUTINY AVE.</del>	<del>N. BAY VILLAGE FL 33141</del>
			200002335262--6
			-10/31/97--01068--021
			****750.00 ****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

~~JIMENEZ, BOLIVAR~~

~~7520 MUTINY AVE.~~

~~N. BAY VILLAGE FL 33141~~

Name

VIDAL SURIEL

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

7520 MUTINY AVE

Suite, Apt. #, Etc.

City

N BAY VILLAGE

State

FL

Zip Code

33141

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

REGISTERED AGENT MUST SIGN

Date 10/27/97

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/27/97

Date

(305) 669-9035

Daytime Phone #