

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

①

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

99 OCT 21 PM 4:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P96000096852

1. Corporation Name

IBSD, INC.

Principal Place of Business

12894 SW 60 TERRACE  
MIAMI FL 33183

Mailing Address

12894 SW 60 TERRACE  
MIAMI FL 33183

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

12/02/1996

5. FEI Number

65-0710178

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	THOMAS, LARRY W	12894 SW 60 TERRACE	MIAMI FL 33183

900003046329--4  
-11/16/99--01095--014  
\*\*\*150.00 \*\*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

THOMAS, LARRY W  
12894 SW 60 TERRACE  
MIAMI FL 33183

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

Date

REGISTERED AGENT MUST SIGN

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



**IBSD, INC.**  
1665 West 68 St., Ste #206  
Hialeah, Florida 33014

October 18th, 1999

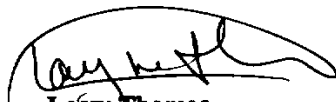
Secretary of State  
Tallahassee, Florida

Ref: 1999 Annual Report  
P96000096852

To whom it may concern:

Per your request this is to inform that we never received our 1999 annual report in order to renew our corporation. Please accept this letter as a request to wave the penalty for not filing. We will be more aware of the situation for future years.

Sincerely Yours,  
IBSD, Inc.



Larry Thomas  
President