

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **P97000036404**

1. Corporation Name

I BO'S MARKET, INC.

Principal Place of Business

**1034 NW 2 AVENUE
MIAMI FL 33136**

Mailing Address

**1034 NW 2 AVENUE
MIAMI FL 33136**

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

4. Date Incorporated or Qualified
To Do Business in Florida

04/22/1997

5. FEI Number

65-0747990

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
P	CLEMONS, BETTY	1034 NW 2 AVENUE	MIAMI FL 33136

**200003038622--9
-11/08/99--01123--019
****150.00 ****150.00**

SP

8. Name and Address of Current Registered Agent

**CLEMONS, BETTY
1034 NW 2 AVENUE
MIAMI FL 33136**

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

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:

Betty Clemons
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-29-99

Division Of Corporations
PO Box 6327
Tallahassee, FL 32314

October 29th, 1999

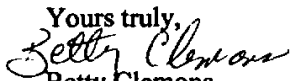
Re: I Bo's Market, Inc.
Doc # P97000036404

Gentlemen,

I am in receipt of your letter stating your intent to dissolve the above Corporation.
If I may explain, that I had mailed the renewal form back sometime in April and
somehow it might have gotten misplaced.

I am asking if you could kindly waive this penalty and allow me to renew again,
as per our conversation.

Enclosed, please find check in the amount of one hundred and fifty (\$150.00) dollars.

Yours truly,

Betty Clemons
President.