

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED AND FILED

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

**CORPORATION REINSTATEMENT**

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

**DOCUMENT #** P97000056017

1. Corporation Name  
 IBEX USA CONSULTANTS, INC.

2. Principal Office Address  
 12112 St. Andrews Pl.  
 Suite, Apt. #, etc. Suite III  
 City & State MIRAMAR FL  
 Zip 33025 Country U.S.A.

3. Mailing Office Address  
 PMB119  
 MARKET PLACE Business Center  
 Suite, Apt. #, etc. 12289 Pembroke Road  
 City & State Pembroke Pines FL  
 Zip 33025 Country U.S.A.

4. Date Incorporated or Qualified To Do Business in Florida June 25, 1997

5. FEI Number 65-0763603 Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED  (Additional fee required for a Certificate of Status)

7. Name and Address of Current Registered Agent

Name ENRIQUE MONTES

Street Address (P.O. Box Number is Not Acceptable) 12112 St. Andrews Pl.

Suite, Apt. #, Etc. SUITE III

City MIRAMAR State FL Zip Code 33025

REINSTATEMENT 2000

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent *[Signature]* Date \_\_\_\_\_

REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres.	Enrique Montes	12112 St. Andrews Pl	Miramar, FL 33025

200003446872-6  
 -11/01/00-01045-020  
 \*\*\*\*750.00 \*\*\*\*750.00

10. 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)(D), 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]* Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR