

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **P97000056647**

1. Corporation Name

IBSA, US, INC.

Principal Place of Business

**1901 S HARBOR CITY BLVD
STE 808
MELBOURNE FL 32907
US**

Mailing Address

**1901 S HARBOR CITY BLVD
STE 808
MELBOURNE FL 32901
US**

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

06/26/1997

5. FEI Number

59-3461783

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 OCT 18 AM 11:12

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-10/29/01--01087--014

******750.00 ****750.00**



REINSTATEMENT **01**

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
DO	BUTLER, MIKE	475 EAST EAU GALLIE BLVD	INDIAN HARBOUR BEACH FL 32937
DO	QUANDT, DANIEL Remove	1901 S HARBOR CITY BLVD STE 808	MELBOURNE FL 32901
DO	BERGMAN, PIERO Remove	1901 S HARBOR CITY BLVD STE 808	MELBOURNE FL 32901
D	ROBSON, GLENN	1999 AVENUE OF THE STARS 2400	LOS ANGELES CA 90067
D	IAN RUBADO	914 KENMORE ST	PALM BAY FL 32907
D	STEVE WOOD	325 ATLANTIC DR	MELBOURNE BEACH FL 32951

8. Name and Address of Current Registered Agent

**BUTLER, MIKE
475 EAST EAU GALLIE BLVD
INDIAN HARBOUR BEACH FL 32937**

9. Name and Address of New Registered Agent

Name

BUTLER, MIKE

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

1901 S. HARBOR CITY BLVD

Suite, Apt. #, Etc.

Suite 808

City

MELBOURNE FL

State

FL

Zip Code

32901

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

10/16/01

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/16/01

Daytime Phone #

CR20040 (8/01)