

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED

01 SEP 10 PM 4:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P98000040030

**1. Corporation Name**

Bibo International, Inc.

W01-20331

**2. Principal Office Address**

1105 Cape Coral Pkwy.E.

Suite, Apt. #, etc.

Suite C

City & State

Cape Coral, Florida

Zip

33904

Country

USA

**3. Mailing Office Address**

1105 Cape Coral Pkwy.E.

Suite, Apt. #, etc.

Suite C

City & State

Cape Coral, Florida

Zip

33904

Country

USA

**4. Date Incorporated or Qualified  
To Do Business in Florida**

May 1, 1998

**5. FEI Number**

65-1132651

Applied For =

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☐

\$8.75 Additional Fee required  
for a Certificate of Status

99-01

**7. Name and Address of Current Registered Agent**

Name

Darrin R. Schutt, Esq.

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

1105 Cape Coral Parkway, East

Suite, Apt. #, Etc.

Suite C

City

Cape Coral

State  
FL

Zip Code  
33904

100004588611--5  
-09/14/01--01049--021  
\*\*\*900.00 \*\*\*900.00

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

REGISTERED AGENT MUST SIGN

Date 7/10/01

**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
D	Hechtl, Christian	1824 S.W. 48th Lane	Cape Coral, Florida 33904
			100004588611--5 -09/14/01--01049--022 ***150.00 ***150.00

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:

*Du. Peltk*

08/23/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (3/99)