

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED

02 JUN -6 AM 8:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P98000066517

1. Corporation Name

I.B.S.O.M., Inc

2. Principal Office Address

7311 NW 36TH ST

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Zip

33166

Country

USA

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

7-27-98

5. FEEL Number

65-0874280

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Angelo Cuadra

000005816450--0

-06/18/02--01066--002

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

16441 NW 77th PL Mia Lakes FL 33016

\*\*\*\*150.00 \*\*\*\*150.00

Suite, Apt. #, Etc.

HOME

City

Mia LKS

State

FL

Zip Code

33016

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

Angelo Cuadra

REGISTERED AGENT MUST SIGN

Date 6-03-2002

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

P

Angelo Cuadra

7311 NW 36TH ST

Miami FL 33166

VP

Esperanza Garcia

7311 NW 36TH ST

Miami FL 33166

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)(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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/02

Date

Daytime Phone #

305-822-6600

CR2E081 (9/99)