

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

02 OCT 29 AM 11:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **PA1000025523**

1. Corporation Name

Liebro's Enterprises Inc.

2. Principal Office Address

5455 Buford Hwy

3. Mailing Office Address

5455 Buford Hwy

Suite, Apt. #, etc.

Suite A220

Suite, Apt. #, etc.

Suite A220

City & State

Doraville Ga

City & State

Doraville Ga

Zip

30340

Country

USA

Zip

30340

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

3/19/1999

5. FEI Number

650906235

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

Charl G Liebenberg

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

8644 Eagle Run Dr

Suite, Apt. #, Etc.

18

City

Boca Raton

700008686727

10/30/02--01015--009 **300.00

700008686727

10/30/02--01015--010 **8.75

State

FL

Zip Code

33434

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

Ch Liebenberg
REGISTERED AGENT MUST SIGN

Date **10/25/02**

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
Manager	Charl G Liebenberg	5455 Buford Hwy Suite A220	Doraville Ga 30340

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:

Ch Liebenberg
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/25/02
Date

678 547 0900
Daytime Phone #

CR2E081 (9/01)

LIEBROS

ENTERPRISES Inc

5455 Buford Highway, Suite A 220 Phone 678 547 0900

Atlanta, GA, 30340 Fax 678 547 0047

E-mail andyoncall@hotmail.com

Division of Corporations
Florida Department of State
PO Box 6327
Tallahassee, FL 32314

Dear Sir or Madam:

Request for Reinstatement

Due to incorrect address information, we have not received 2001 UBR's.

This corporation has relocated to Atlanta, Georgia and has filed with the Georgia Department of State as a foreign Florida corporation.

Please use the address information on our letterhead for all future correspondence.

We kindly request for you to waive any penalties and to accept the enclosed check of \$300.00 for full reinstatement of our corporate status with the state of Florida.

Also, please instruct us on all other responsibilities that we have towards the State of Florida to prevent any future problems.

Sincerely,

CG Liebenberg

P.S. Please present us with proof of corporate status once restored.