PLEASE READ ALL IN	ISTRUCTIONS BEFORE COM	IPLETING THIS FORM.
	RIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	FILED
DOCUMENT # P9900036743 1. Corporation Name		00 NOV 20 PM 4: 08
IBIDUSA.COM, INC.		SECRETARY OF STATE TABLEAHASSEE, FLORIDA
184 GOLF CLUB DRIVE 164 GO	Address DLF-CLUB BRIVE 1000-FL-32779	
	Mailing Office Address, If Applicable 4.	Date Incorporated or Qualified To Do Business in Florida M/22/1000
37 Sky LINE DR 37 Suite, Apt. #, etc. S7E 1/05 City & State City & State	Apt. #, etc. E //05 State	To Do Business in Florida 04/22/1999 FEI Number Applied For Not Applicable
JAKE MARY, FL 32746 L.	174 Seminale	CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status
7. Names and Street Addresses of Each Officer and/or Director Name of Officers and/or Directors 2	r (Florida nonprofit corporations must list at least 3 of Street Address of Each Officer and/or Director	City / State / Zip
D STORY, BOBBY E	1 64 GOLF CLUB DRIVE	1 0 1 0 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
D. P FERRELL COLETTE 37 SKYLINE DR. STE/105 LAKE MARY F (32746)		
D. V.P. FERRELL, JAMES	•	72-1/05 LAKE 11/19/14/19/6
DS,7 STORY, BOBBY	37 SKYLINE DE,S	TELLOS LACE MARY PC3C/96
		50000349309570 -12/11/0001028007
8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent		
STORY, BOBBY E 164-GOLF CLUB DRIVE Street Address (P.O. Box Number is Not Acceptable) 37 SKYLINE DE		
City State Zip Code		
10. I, being appointed the registered pigent of the above hand corporation, am familiar with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent REGISTERED AGENT MUST SIGN Date 16-23-00		
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 name 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 physignature shall have the same legal effect as if made under oath. SIGNATURE: SIGNATURE: SIGNATURE: SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #		
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAI	ME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #