

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1012

CORPORATION REINSTATEMENT

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

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

02 JAN 16 PM 4:40

DOCUMENT # **P-99000104109**

1. Corporation Name

BALDO-JIBAJA, INC.

000004794390--7
 -01/24/02--01057--014
 ****450.00 ****450.00

2. Principal Office Address

1912 19TH LANE

Suite, Apt. #, etc.

3. Mailing Office Address

1912 19TH LANE

Suite, Apt. #, etc.

City & State

FL

PALM BEACH GARDENS

City & State

PALM BEACH GARDENS, FL

Zip

33418

Country

PALM BEACH

Zip

33418

Country

PALM BEACH

4. Date Incorporated or Qualified To Do Business in Florida

November 24, 99

5. FEI Number

65-0970-586

☒

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

NANCY VARGAS

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

1124 11TH TERRACE

Suite, Apt. #, Etc.

City

PALM BEACH GARDENS

State

FL

Zip Code

33418

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

10/31/01

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
P	ADELA BALDO	1912 19TH LANE	PALM BEACH GARDENS, FL 33418
V	CESAR JIBAJA	1124 11TH TERRACE	PALM BEACH GARDENS, FL 33418
T	NANCY VARGAS	1124 11TH TERRACE	PALM BEACH GARDENS, FL 33418

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

10/31/01

Date

(561) 649-6128

Daytime Phone #

CR2001 (8/00)

AIR MAIL
10/31/01

October 30, 2001

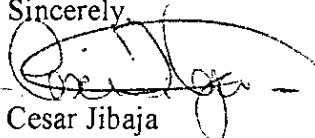
FLORIDA DEPARTMENT OF STATE
Mrs. Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

Dear Mrs. Harris:

I am writing to apply for corporation reinstatement for Baldo/Jibaja Inc.. Due to circumstances beyond our control, our corporate lawyer resigned and failed to inform us of the mandatory renewal process. Being that we are newly a formed corporation, we were not aware of the fact that it was necessary to renew our corporate license. In addition, we did not received the annual Uniform Business Report (UBR) from Tallahassee, nor were we informed that we have to renew annually with a payment of \$150.00.

We were just recently made aware that the corporation is inactive. We are asking that you give us the opportunity to be reinstated, taking into consideration the above facts. We apologize for the delay in payment. Please accept our check for \$150.00 and reinstate our corporation.

Sincerely,


Cesar Jibaja
Vice-President