

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION

REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 OCT 24 PM 1:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # S21006

1. Corporation Name

LIBROS CORPORATION

Principal Place of Business

9341 COLLINS AVE., #1005  
SURFSIDE FL 33154

Mailing Address

~~9341 COLLINS AVE., #1005~~  
~~SURFSIDE FL 33154~~



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

12/27/1990

5. FEI Number

65-0320073

Applied For

Not Applicable

6. 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 (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	LIBERTI, JUAN CARLOS	9341 COLLINS AVE #1005	SURFSIDE FL
D	LIBERTI, JUAN P	9341 COLLINS AVE #1005	SURFSIDE FL

500008573885

10/24/02--01089--006 \*\*150.00

10/28

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

OTERO, JORGE E. ESQ.

~~SUITE 400~~ SECOND FLOOR

75 VALENCIA AVENUE

CORAL GABLES FL 33134

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of  
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

10/22/02

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 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/22/02

305-567-9000

CR2ED40 (8/02)

9341 Collins Avenue, Unit 1005  
Surfside, FL 33154  
October 22, 2002

Division of Corporations  
Annual Report/Reinstatement Section  
P.O. Box 6327  
Tallahassee, FL 32314-6327

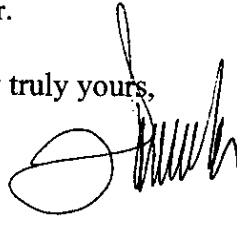
Re: Libros Corporation; 65-0320073

Dear Sir or Madam:

In connection with the captioned corporation, this is to request that reinstatement fee be waived since I did not receive the two prior uniform business reports.

Thank you for your attention to this matter.

Very truly yours,

A handwritten signature in black ink, appearing to read 'Juan Carlos Liberti', written over a horizontal line.

---

Juan Carlos Liberti, Director