

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

98 NOV 18 AM 11:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # S96253

1. Corporation Name

IBERO AMERICA ENTERPRISES, INC.

Principal Place of Business

Mailing Address

3802 OCITA DRIVE  
ORLANDO FL 32837  
US

3802 OCITA DRIVE  
ORLANDO FL 32837  
US

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

2. New Principal Office Address, if Applicable

3. New Mailing Office Address, if Applicable

Suite, Apt. #, etc.

12047 SAFFRON CT.

Suite, Apt. #, etc.

12047 SAFFRON CT.

City & State

ORLANDO, FL.

City & State

ORLANDO FL.

Zip

32837

Country

US

Zip

32837

Country

US

REINSTATEMENT 98

4. Date Incorporated or Qualified  
To Do Business in Florida

11/25/1991

5. FEI Number

59-3100747

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
VP	SCHAMBON, PEDRO D	3802 OCITA DRIVE 12047 SAFFRON CT.	ORLANDO FL
P	SCHAMBON, SYLVIA R	3802 OCITA DRIVE 12047 SAFFRON CT.	ORLANDO FL

000002696810-7  
-11/25/98-01069-047  
\*\*\*\*750.00 \*\*\*\*750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SCHAMBON, SYLVIA R  
3802 OCITA DRIVE  
ORLANDO FL 32837

Name

SCHAMBON SYLVIA R.

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

12047 SAFFRON CT.

Suite, Apt. #, Etc.

City

ORLANDO

State

FL

Zip Code

32837

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.

Signature of  
Registered Agent

Sylvia R. Schambon

Date 11/15/98

REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year  
Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information  
on intangible tax.)

12. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/15/98

Daytime Phone #

407-8570166

CR2E040 (9/98)