

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

01 JAN 29 PM 12:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V08958

1. Corporation Name

IBK Investment & Management, Inc.

2. Principal Office Address

400 New York Ave. Ste. 105

Suite, Apt. #, etc.

City & State

Winter Park, FL

Zip Country

32789 US

3. Mailing Office Address

P.O. Box 878

Suite, Apt. #, etc.

City & State

Winter Park, FL

Zip Country

32790 US

REINSTATEMENT

99-01

4. Date Incorporated or Qualified 01/22/1992
To Do Business in Florida

~~x01/21/1998~~

5. FEI Number

59-3106625

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

John Di Masi

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

219 East Livingston Street

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32801

700003746407-3
-02/21/01-01122-003
***1050.00 ***1050.00

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 1/25/01

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/V/D	Ira Kitograd	922 Bonita Dr.	Winter Park, FL 32789

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

Date

Daytime Phone #

(407) 599-6996

CR2E081 (9/00)