

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FORMED
AND
FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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CORPORATION REINSTATEMENT
2000 UBR

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

DOCUMENT # V34813

1. Corporation Name

IB & BD, INC.

2. Principal Office Address

180 Vilano Beach CSWY

Suite, Apt. #, etc.

City & State

ST AUGUSTINE FL

Zip

32095

Country

St Johns

3. Mailing Office Address

2533 Woodfern Ln

Suite, Apt. #, etc.

City & State

Jacksonville, FL

Zip

32223

Country

Duval

4. Date Incorporated or Qualified
To Do Business in Florida

5-8-92

5. FEI Number

59-3124161

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

BENITO IOMMAZZO

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

2533 Woodfern Ln

Suite, Apt. #, Etc.

City

JACKSONVILLE

State

FL

Zip Code

32223

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

Benito Iomazzo

REGISTERED AGENT MUST SIGN

Date 10-15-00

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
PD	BENITO IOMMAZZO	2533 Woodfern Ln	Jacksonville, FL 32223
S	ANNE RICHARDSON	2533 Woodfern Ln	Jacksonville, FL 32223

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:

Benito Iomazzo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-15-00

Date

904-827-1000

Daytime Phone #

CR2E081 (9/99)

BENITO IOMMAZZO
2533 WOODFERN LN
Jacksonville, FL 32223

November 08, 2000

FLORIDA DEPARTMENT OF REVENUE
Div OF CORPORATION

P.O. BOX 6327
TALLAHASSEE, FL 32314

Dear Sir or Madam:

PLEASE NOTE THAT I REQUESTED A REINSTATEMENT FORM BECAUSE I NEVER RECEIVED THE ANNUAL RENEWAL FORM FOR THE YEAR 2000. IF YOU CHECK YOUR RECORDS MY UNDERSTANDING IS THAT YOU MAIL THE RETURN AND IT WAS RETURNED TO BACK TO YOU AND NEVER ATTEMPTED TO REMAIL. THE COMPLEX AT 11500 SAN JOSE BLVD HAD CLOSED AND TOLD ME TO GET OUT BECAUSE OF A NEW CONSTRUCTION I WENT TO THE POST OFFICE AND HAD MY MAIL TO BE FORWARDED TO MY NEW ADDRESS 180 VILANO BEACH CSWY ST AUGUSTINE, FL 32095 . PLEASE IAM REQUESTED TO WAIVE OTHER FEES I DON'T BELIEVE IT WAS MY FAULT.

THANK YOU,
IBBD, INC
#V34813
BENITO IOMMAZZO
904/827-1000.

Please contact me at the above address if you have any questions of need additional information.

Sincerely,

Benito Iomazzo
BENITO IOMMAZZO