

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 MAR -4 AM 11:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V34813

1. Corporation Name

IB and BD, INC.

600168548656
02/11/10--01032--020 **750.00

REINSTATEMENT 04-10

CR2E081 (11/09)

2. Principal Office Address - No P.O. Box #

180 Vilano Beach CSHY

Suite, Apt. #, etc.

3. Mailing Office Address

2533 Woodfern Lane

Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

05/08/1992

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 Lane

Suite, Apt. #, Etc.

City

Jacksonville

State

FL

Zip Code

32223

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

600168548656
03/04/10--01003--001 **300.00

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

Benito Iommazzo
REGISTERED AGENT MUST SIGN

Date 02/08/2010

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 | Benito Iommazzo | 2533 Woodfern Lane | Jacksonville, FL 32223 |
| | | | |
| | | | |
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| | | | |

10. E-mail Address: canalesroman@yahoo.com

(To be used for future annual report notification)

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. I further certify, 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 Iommazzo*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/08/10

Date

904-827-1000

Daytime Phone #

3/4 w