

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED

02 MAY -3 PM 12:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # V44546**

1. Corporation Name

**Lybra International Properties, Inc.**

2. Principal Office Address

c/o Robert Walker, EWM, 1360 S. Dixie Hwy.

Suite, Apt. #, etc.

City & State

Coral Gables FL 33146

Zip

Country

3. Mailing Office Address

c/o Robert Walker, EWM, 1360 S. Dixie Hwy.

Suite, Apt. #, etc.

City & State

Coral Gables FL 33146

Zip

Country

**REINSTATEMENT 01-02**

4. Date Incorporated or Qualified  
To Do Business in Florida

06/18/1992

5. FEI Number

65-0352070

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

Robert Walker

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

EWM, 1360 S. Dixie Hwy.

Suite, Apt. #, Etc.

City

Coral Gables

State  
**FL**

Zip Code  
33146

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\*\*\*\*900.00 \*\*\*\*900.00

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

1/09/02

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
PDS	Fabio Chiattonne	c/o Robert Walker, EWM, 1360 S. Dixie Hwy.	Coral Gables FL 33146

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]*

Fabio Chiattonne

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/16/02 (305) 794-4541

Daytime Phone #

CR2E081 (9/00)