

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

01 FEB 26 PM 12:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # V65339

1. Corporation Name

HIBAR DEVELOPMENT INC.

Principal Place of Business

4520 S.W. 62ND COURT  
MIAMI FL 33155

Mailing Address

4520 S.W. 62ND COURT  
MIAMI FL 33155

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

09/17/1992

5. FEI Number

65-0357811

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PSTD	HEIMAN, JAMES	4520 S.W. 62ND COURT	MIAMI FL 33155

800003911718-1  
-03/27/01--01044--003  
\*\*\*\*900.00 \*\*\*\*900.00

8. Name and Address of Current Registered Agent

DIBARTOLOMEIO, JOSEPH  
8400 BIRD ROAD  
MIAMI FL 33155

9. Name and Address of New Registered Agent

Name Joseph DiBartolomeo  
Street Address (P.O. Box Number is Not Acceptable)  
8400 Bird Road  
Suite, Apt. #, Etc.  
City Miami State FL Zip Code 33155

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

Joseph DiBartolomeo  
REGISTERED AGENT MUST SIGN

Date 2-21-01

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 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 REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES F. HEIMAN

2/20/01  
Date

805-661-5005  
Daytime Phone #

CR2040 (8/00)