

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED
AND
FILED

1997 MAR 12 PM 1:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V21230

1. Corporation Name

LB Trading, Inc.

Principal Place of Business

Mailing Address

452 22nd Avenue
Blainville, Quebec
Canada G7C 4L8

452 22nd Avenue
Blainville, Quebec
Canada G7C 4L8

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

3/16/92

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0330526

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	Benoit, Marcel	452 22nd Avenue	Blainville, Quebec, Canada
			400002113454--5 -03/14/97--01033--006 ****915.00 ****915.00

REINSTATEMENT

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Florida Registered Agents, Inc.
100 Southeast 2nd Street
Suite 3600
Miami, Florida 33131

Name

Glenn E. Wichinsky, Esq.

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

1200 North Federal Highway

Suite, Apt. #, Etc.

Suite 200

City

Boca Raton

State

FL

Zip Code

33432

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

[Signature]
REGISTERED AGENT MUST SIGN

Date 2/25/97

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes No

(See other side for information
on intangible tax.)

12. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Marcel Benoit, Director

Date

Daytime Phone #

(514) 437-6577

CR2040 (12/96)