

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 JUL 10 PM 2:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F54813

1. Corporation Name

LBT & BVG CORPORATION

600158355436
07/10/09--01003--018 **4050.85

600158355436
07/10/09--01003--019 **8.75

REINSTATEMENT 1983-2009

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

27800 SW 182 AVE

3. Mailing Office Address

27800 SW 182 AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

HOMESTEAD FL

City & State

HOMESTEAD FL

Zip

33031

Country

US

Zip

33031

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida 12/22/1981

5. FEI Number
59-2267276

☐ 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
VIRGIL HALE

Street Address (P.O. Box Number is Not Acceptable)
27800 SW 182 AVE

Suite, Apt. #, Etc.

City
HOMESTEAD

State
FL

Zip Code
33030

☒ 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.

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 7-9-09

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	VIRGIL HALE	27800 SW 182 AVE	HOMESTEAD FL 33031
D	BARBARA TORENO	11882 PRESERVATION LANE	BOCA RATON FL 33498
D	LINDA DELANEY	19505 RIDGELAND DR	MIAMI FL 33157
D	GARY HALE	5801 ALTON RD	MIAMI BEACH FL 33141
D	BEVERLEY GRIESEMER	13641 DEERING BAY DR APT 148	MIAMI FL 33158
D	TREVA WARD	7800 SW 78 ST	MIAMI FL 33143

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 contained in Chapter 119, 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]

VIRGIL HALE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7-4-09

786-417-2489

Daytime Phone #

OC 7/10