

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
 Jim Smith
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

03 APR 14 AM 8:42

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # F98000006981

1. Corporation Name

LABEY BRIDGE & SHORE, INC.

Principal Place of Business

Mailing Address

6770 DORSEY ROAD
 BALTIMORE MD 21075

6770 DORSEY ROAD
 BALTIMORE MD 21075

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

12/23/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

52-1635317

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PC	FIELDS, IAN R	6770 DORSEY ROAD	BALTIMORE MD 21075
ST	PORTER, JOHN J	6770 DORSEY ROAD	BALTIMORE MD 21075
D	FORSYTH, CHARLES	6770 DORSEY ROAD	BALTIMORE MD 21075
D	LUKE, MICHAEL	6770 DORSEY ROAD	BALTIMORE MD 21075
REINSTATEMENT 02-0379			

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ROSS, CHARLES W
 1535 9th Street North
 St. Petersburg, FL 33704

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

10. I, being appointed the registered agent of the

firm with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent

REGISTERED AGENT MUST SIGN

Date

3/31/03

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), P.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:

John Porter

3/26/03

410 379-2800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #