## 2006 FOR PROFIT CORPORATION REINSTATEMENT

REINSTATEMENT						FILED			
DOCUMENT # J20018					SECRETARY OF STATE DIVISION OF CORPORATIONS				
1. Entity Nam L. B. SLA	TER AND COMPANY, IN	C.					PM 2: 07	•	
Principal Place of Business Mailing Address									
128 N DIXIE		128 N DIXIE HWY HOLLYWOOD, FL 33020							
HOLLYWOOD, FL 33020 HO		HOLLTWOOD, FL 3302	NOLETWOOD, PE 33020				<b></b>	F18((28) #118)	
2. Principal Place of Business		3. Mailing Address	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			REIN-P	CR2E098 (11/0	5)	
City & State		City & State	City & State		4. FEI Numbe 59-2808		<b>⊢</b>	Applied For Not Applicable	
Zip	Country	Zip	Country	у .	5. Certificate of Status Desired \$8.75 Additional Fee Required		dditional		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
CLONEY, CHRISTOPHER C. ESQ.				Name -					
315 S.E. 7TH ST, STE. 200 FT. LAUDERDALE, FL 33301				Street Address (P.O. Box Number is Not Acceptable)					
			035				<b>₽</b> I Zip Ç	ado.	
* T		<u></u>	City		- i- 4 C4 Fl	FL			
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.									
SIGNATURE_ Signature, typed or printed name of registered agent and title if applicable, (NOTE: Registered Agent signature required when reinstating)  DATE									
Organica, typou or prince registere agent on or opposed. (NOTE: registere require militire tradition) UNIC									
FILE NOW!!! FEE IS \$300.00 In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.									
10.	OFFICERS A	ND DIRECTORS	11.	1	ADDITIONS/	CHANGES TO OFFI	CERS AND DIRECTO		
NAME	C Delote		TITLE NAME			nnecc	Chang		
STREET ADDRESS CITY-ST-ZIP			STREET CITY-S	ADDRESS T-ZIP	02/10	V0601008	5 <b>64127</b> 024 **3	38.75	
TITLE	SVP Delete Tittle		TITLE				☐ Chang	e	
NAME STREET ADDRESS			NAME STREET	AODRESS					
CITY-ST-ZIP			CITY-S	ST-ZIP					
TITLE NAME	☐ Delete TifL					•	☐ Chang	e	
STREET ADDRESS				ADDRESS					
CITY-ST-ZIP		☐ Delete	CITY-S TITLE	51-ZIF			Chang	e	
NAME			NAME	- ADDDESS			_ ,	_	
STREET ADDRESS CITY-ST-ZIP			CITY-S	TADDRESS ST-ZIP					
TITLE NAME		☐ Delete	TITLE NAME				Chang	e 🗌 Addition	
STREET ADDRESS			STREET	ADDRESS					
CITY-ST-ZIP		☐ Delete	CITY-S TITLE	ST-ZIP			☐ Chang	e	
NAME		Delete	NAME				Onang	Addition	
STREET ADDRESS CITY-ST-ZIP			STREET CITY-S	TADORESS ST-ZIP				•	
12. I hereby o	Log this report or supplemental report	with this filing does not qualify fo	or the exem	nptions contained	d in Chapter 119	, Florida Statutes. I i	further certify that the	information er or director	
indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.									
SIGNATURE: 200 Smith 1 25/06 9545585554									
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daysine Phone #									