

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT



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

FILED
96 DEC 9 AM 7:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K05346**

1. Corporation Name

LS SALES CORPORATION

Principal Place of Business

Mailing Address

10762 WILES ROAD
CORAL SPRINGS FL 33076

10762 WILES ROAD
CORAL SPRINGS FL 33076



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

REINSTATEMENT

2. New Principal Office Address, if Applicable

3. New Mailing Office Address, if Applicable

4. Date Incorporated or Qualified To Do Business in Florida

12/07/1987

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0025389

City & State

City & State

Coral springs FL

Zip

Country

Zip

33065

Country

Broward

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 (Do NOT Use Post Office Box Numbers)	City / State / Zip
D	LIEBMAN, WARREN	3062 RIVERSIDE DR, APT F7	CORAL SPRINGS FL

400002026164--6
-12/11/98-01066-010
***375.00 ***375.00

JB 2-10-96

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

LIEBMAN, WARREN
3062 RIVERSIDE DR, APT F7
CORAL SPRINGS FL 33065

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 above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

Warren Liebman

REGISTERED AGENT MUST SIGN

Date

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

Warren Liebman

12/5/96

Date

954-702-930

Daytime Phone #

CR2040 (7/96)