

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K90880

1. Corporation Name

THE CENTRE OF LBK, INC.

Principal Place of Business

Mailing Address

C/O ELIZABETH BREUER
5370 GULF OF MEXICO DR #208
LONGBOAT KEY FL 34228
US

5370 GULF OF MEXICO DRIVE
#208
LONGBOAT KEY FL 34228
US

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

2. New Principal Office Address, If Applicable

1543 2ND ST.

3. New Mailing Office Address, If Applicable

1543 2ND ST.

Suite, Apt. #, etc.

SUITE 102

Suite, Apt. #, etc.

SUITE 102

City & State

SARASOTA, FL

City & State

SARASOTA, FL

Zip

34236

Country

SARASOTA

Zip

34236

Country

SARASOTA

REINSTATEMENT

4. Date Incorporated or Qualified To Do Business in Florida		05/18/1989
5. FEI Number	65-0141847	Applied For
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		Not Applicable
\$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	4 City / State / Zip
PT	BREUER, ELIZABETH	5370 GULF OF MEXICO DR #208 1543 2ND ST. SUITE 102	LONGBOAT KEY FL SARASOTA, FL 34236
D	MARTYN, DAVID C	PO BOX 546 28-30 THE PARADE	ST HELIER JERSEY CHANNEL IS UK
S	SHACKLETT, SHARON A	5370 GULF OF MEXICO DR 1543 2ND ST. SUITE 102	LONGBOAT KEY FL SARASOTA, FL 34236

200003447012--8
-11/01/00--01058--002
****750.00 ****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SHEA, JOHN
630 S ORANGE AVE
SARASOTA FL FL 34239

Name
ELIZABETH A. BREUER
Street Address (P.O. Box Number is Not Acceptable)
1543 2ND ST.
Suite, Apt. #, Etc.
SUITE 102
City
SARASOTA, FL
State
FL
Zip Code
34236

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 10/17/00

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), 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.

KE

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/17/00 941-952-0533

Date Daytime Phone #