

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

01 DEC 24 AM 10:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *L 00000000724*

1. Limited Liability Company's Name

LB ENTERPRISES, LLC

2. Principal Office Address

241-176th TERRACE DRIVE

Suite, Apt. #, etc.

City & State
*Redington Shores
FL*

Zip

33708

Country

USA

3. Mailing Office Address

P.O. Box 8712

Suite, Apt. #, etc.

City & State
SEMINOLE FL

Zip

33775

Country

USA

4. State/Country of Formation

Florida USA

5. Date Organized or Qualified
To Do Business in Florida

1/03/2000

6. FEI Number

59-3616542

☒ Applied For

☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Robert E. Hines, Sole Proprietor

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

241-176th TERRACE DRIVE

Suite, Apt. #, Etc.

#

City

Redington Shores

State

FL

Zip Code

33708

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

Robert E. Hines

Date *11/16/01*

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
<i>Sole member Proprietor</i>	<i>N/A Robert E. HINES</i>	<i>241-176th TERRACE DR.</i>	<i>Redington Shores, FL 33708</i>

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11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of
Managing Member/Manager

Robert E. Hines

Date *11/16/01*

Daytime Phone #

727-320-8182

Typed or printed name of signing Managing Member/Manager

Robert E. HINES