

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

SECRETARY OF STATE
Glen E. Flook
Secretary
DIVISION OF CORPORATIONS

03 DEC 16 AM 10:11

12/29

1. DOCUMENT # L02000033758

Name and Mailing Address

0003098 01 AT 0.292 **AUTO T4 0 0615 32771-648393



L & B VENTURES LLC
293 MEADOW BEAUTY TERRACE
SANFORD FL 32771-6483



REINSTATEMENT 2003

2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 12/16/2002	
Principal Place of Business 293 MEADOW BEAUTY TERRACE SANFORD FL 32771	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 13-	7. Applied For Not Applicable
		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent ARNOLD, MATHENY & EAGAN, P.A. 801 N. MAGNOLIA AVE. SUITE 201 ORLANDO FL 32802		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 700025532237 12/16/03--01055--027 **150.00 City FL Zip Code	
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10. 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 [Signature] **SIGNATURE REQUIRED** Date 10-15-07

REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
Pres	Suzanne Lipari	293 Meadow Beauty Ter Sanford FL 32771	Sanford FL 32771
VP	MaryAnne Bowles	498 Fair Hill Place Lake Forest FL 32751	Lake Forest FL 32751
MEM	Robert Bowles	N	N
MEM	Hatter Fox	N	N
REINSTATEMENT 2003			

12. 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 [Signature] **SIGNATURE REQUIRED** Date 10-15-03 Daytime Phone # 407 302 4094

Typed or printed name of signifying Managing Member/Manager