

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

**REINSTATEMENT** 1996

**FILED**

96 DEC 23 AM 11:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **M26976**

1. Corporation Name

**LAND-AIR BRIDGE, INC.**

Principal Place of Business

4471 N W 36TH ST  
~~STE 210~~  
MIAMI SPRINGS FL 33122  
US

Mailing Address

P O BOX 526312  
~~STE 210~~  
MIAMI SPRINGS FL 33122  
US

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

2. New Principal Office Address, If Applicable <b>SUITE 103</b>		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business In Florida <b>02/05/1986</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number <b>59-2654370</b>	
City & State		City & State <b>MIAMI, FL</b>		Applied For Not Applicable	
Zip	Country <b>DADE</b>	Zip <b>33152</b>	Country <b>DADE</b>	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
DV	LIEBER, GERALD T.	3570 MAGELLAN CIR. #226	MIAMI FL
DP	LIEBER, JUDITH A.	3570 MAGELLAN CIR. #226	MIAMI FL

700002036927--1  
-12/24/96--01085--011  
\*\*\*\*375.00 \*\*\*\*375.00

8. Name and Address of Current Registered Agent

KLEIN, STEVEN  
8900 S.W. 107 AVE  
SUITE 301  
MIAMI FL 33176

9. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
Suite, Apt. #, Etc.  
City State Zip Code  
**FL**

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 **11/1/96**

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

*[Signature]*  
**Gerald T. Lieber**

Date **9/17/96**

(305)  
**884 6694**  
Daytime Phone #