PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
02 MAR -1 PM 12:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

800005044358--1
-03/05/02--01064--006
*****50.00 *****50.00

DOCUMENT # P00000002583

1. Corporation Name

L.B. CONSTRUCTION OF BROWARD, INC.

REINSTATEMENT 01.02

2. Principal Office Address	**3.** Mailing Office Address
1020 N.W. 45th ST	1020 N.W. 45th ST
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Fort Lauderdale,	City & State: Fort Lauderdale, FL
Zip: 33309 Country: BROWARD	Zip: 33309 Country:

4. Date Incorporated or Qualified To Do Business in Florida: 1-10-2000

5. FEI Number: 65-0972732 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Leon BERGIL

800005044358--1
-03/05/02--01064--007
*****500.00 *****500.00

Street Address (P.O. Box Number is Not Acceptable): 1020 N.W. 45th STREET

Suite, Apt. #, Etc.:

City: Fort Lauderdale | State: FL | Zip Code: 33309

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: Leon BERGIL
REGISTERED AGENT MUST SIGN

Date: 2-25-2002

CR2E061 (9/00)

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres	Leon BERGIL	1020 N.W. 45th ST	Fort Lauderdale, FL 33309
			800005044358--1 03/05/02 01064 008 ****200.00 ****200.00
			800005044358--1 -03/05/02--01064--009 ****150.00 ****150.00

10. 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: LEON BERGIL 2-25-02 954-882-4175
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #