

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

2001 UBR
Catherine Harris
Secretary of State
DIVISION OF CORPORATIONS

192
FILED

01 DEC 24 AM 11:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P00000056736**

1. Corporation Name

LBHB, INC.

Principal Place of Business

Mailing Address

COUNTY RD.400
MAYO FL 32066

COUNTY RD.400
MAYO FL 32066

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

2. New Principal Office Address, If Applicable

Corner of Main & Clyde St.

3. New Mailing Office Address, If Applicable

P.O. Box 676

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Mayo, Florida

City & State

Mayo, Florida

Zip

32066

Country

USA

Zip

32066

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

06/05/2000

5. FEI Number

59-3648581

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$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
PTD	BRASWELL, LANCE A	HWY.27,P.O. BOX 676	MAYO FL 32066
VSD	BRASWELL, HOLLY T	P.O. BOX 676	MAYO FL 32066

800004765368--0

-01/10/02--01073--017

******150.00 ****150.00**

LS

8. Name and Address of Current Registered Agent

**BRASWELL, LANCE A
HWY.27 MAIN STREET
MAYO FL 32066**

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

Lance A. Braswell

REGISTERED AGENT MUST SIGN

Date

12/20/01

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.

SIGNATURE:

Lance A. Braswell

Lance A. Braswell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/20/01

386-294-1665

20R

**LBHB, INC.
P.O. BOX 676
MAYO, FL 32066
PHONE: (386) 294-2568**

December 20, 2001

**Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314**

To Whom It May Concern:

Please find enclosed a check in the amount of \$150.00 for the filing fee of the 2001 Uniform Business Report (UBR). Also please find enclosed the application for reinstatement. We never received the UBR to file our annual report. The address on the application was County Rd 400 which is a highway in our county. There was no physical address, therefore we never received the reinstatement letter. We were uninformed about the status of our corporation until our accountant contacted us. Please accept this reinstatement and check.

If we need to do anything further or if you have any questions, please feel free to contact me at the above address and phone number. Thank you for your help in this matter.

Sincerely,



**Lance Braswell
President**