

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 MAR -2 PM 12:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000076682

1. Corporation Name

LBK CONSULTING GROUP, INC.

2. Principal Office Address

1045 Gulf of Mexico Dr

Suite, Apt. #, etc.

City & State

Longboat Key, FL

Zip

34228

Country
USA

3. Mailing Office Address

1045 Gulf of Mexico Dr

Suite, Apt. #, etc.

City & State

Longboat Key, FL

Zip

34228

Country
USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

08/14/2000

5. FEI Number

65-1039419

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

James O. Ferguson, Jr.

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

1515 Ringling Blvd., Sarasota, FL

Suite, Apt. #, Etc.

Suite 1000

City

Sarasota

State
FL

Zip Code
34236

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

[Signature]
REGISTERED AGENT MUST SIGN

Date 2-23-05

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
P/D	Edward C. Pike	1045 Gulf of Mexico Dr	Longboat Key, FL 34228

000048445930

03/15/05--01060--013 **1350.00

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
EDWARD C. PIKE

2/24/05

Date

9413870401

Daytime Phone #

CR2E081 (01/05)