


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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| CORPORATION REINSTATEMENT | |  FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS | |
| DOCUMENT # <i>P00000083970</i> | | | |
| 1. Corporation Name <i>LBS Management Company</i> | | | |
| 2. Principal Office Address <i>5461 W Hwy 192</i> <small>Suite, Apt. #, etc.</small> | | 3. Mailing Office Address <i>5461 W. Hwy 192</i> <small>Suite, Apt. #, etc.</small> | |
| City & State <i>Kissimmee FL</i> | | City & State <i>Kissimmee FL</i> | |
| Zip <i>34741</i> | Country <i>Osceola</i> | Zip <i>34741</i> | Country <i>Osceola</i> |
| 4. Date Incorporated or Qualified To Do Business in Florida <i>9-06-00</i> | | | |
| 5. FEI Number <i>593682873</i> | | | Applied For <input type="checkbox"/> Not Applicable |
| 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> <small>\$8.75 Additional Fee required for a Certificate of Status</small> | | | |
| 7. Name and Address of Current Registered Agent | | | |
| Name <i>Robert J. Lowe III</i> | | | |
| Street Address (P.O. Box Number is Not Acceptable) <i>5461 W Hwy 192</i> | | | |
| Suite, Apt. #, Etc. | | | |
| City <i>Kissimmee</i> | | State FL | Zip Code <i>34741</i> |
| 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 <i>Robert J. Lowe</i> | | Date <i>1-15-03</i> | |
| REGISTERED AGENT MUST SIGN | | | |
| 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 |
| <i>PSD</i> | <i>Robert J. Lowe III</i> | <i>5461 W. Hwy 192</i> | <i>Kissimmee FL 34741</i> |
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| 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: <i>Robert J. Lowe</i> | | 1-15-03 407-765-7482 | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | <small>Date</small> | <small>Daytime Phone #</small> |

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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