

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 APR -6 AM 8:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000090014

1. Corporation Name LBS TECHNOLOGIES, INC

REINSTATEMENT 02-04

600031995896
04/06/04--01054--001 **1050.00

2. Principal Office Address 1111 Kane Concourse Suite, Apt. #, etc. Suite 514 City & State Bay Harbor Islands FL Zip 33154 Country USA		3. Mailing Office Address 1111 Kane Concourse Suite, Apt. #, etc. Suite 514 City & State Bay Harbor Islands FL Zip 33154 Country USA	
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4. Date Incorporated or Qualified To Do Business in Florida 9/25/2000

5. FEI Number 65-1052728	Applied For Not Applicable
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6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name Neil Silver	
Street Address (P.O. Box Number is Not Acceptable) 1111 Kane Concourse, # 514, Bay Harbor Islands	
Suite, Apt. #, Etc. Suite 514	
City Bay Harbor Islands	State FL
	Zip Code 33154

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] **Date** 04/04/04
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
D	NEIL SILVER	1111 Kane Concourse, #514	Bay Harbor Islands Florida 33154
D	CHRIS PATTERSON	12798 S.W. 26 Street	Miramar Florida 33027
D	ELAINE PATTERSON	8296 N.W. 16 Court	Ft. Lauderdale Florida 33301

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

04/04/04

Date **Daytime Phone #**

CR2E081 (01/04)