

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
02 DEC 13 AM 11:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000101677

1: Corporation Name

LEBIANC & ASSOCIATES, INC.

000009500300
12/13/02--01020--006 **750.00

| | | | |
|---|----------------|-----------------------------------|---------|
| 2. Principal Office Address 6571 Serena Lane | | 3. Mailing Office Address Same | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State Boca Raton, FL 33433 | | City & State | |
| Zip 33433 | Country USA | Zip | Country |

REINSTATEMENT *c2*

| | |
|--|-------------------------------|
| 4. Date Incorporated or Qualified To Do Business in Florida 10/30/02 | |
| 5. FEI Number 65-1086848 | Applied For Not Applicable |
| 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status | |

7. Name and Address of Current Registered Agent

| | |
|--|-------------------|
| Name Jeffrey G. Klein | |
| Street Address (P.O. Box Number is Not Acceptable) 2101 N.W. Corporate Blvd | |
| Suite, Apt. #, Etc. Suite 414 | |
| City Boca Raton | State FL |
| | Zip Code 33431 |

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 12/4/02
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 |
|--------|-----------------------------------|--|----------------------|
| PID | Abraham Mishal | 6571 Serena Lane | Boca Raton, FL 33433 |
| | | | |
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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: [Signature] Abraham Mishal Date Dec 4, 2002 Daytime Phone # 561-977-3475
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR25E81 (9-01)

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