

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 DEC 28 PM 4:00

DOCUMENT # P00000101726

1. Corporation Name

LBS ENTERPRISES, INC.

2. Principal Office Address

5951 GULF OF MEXICO DR

Suite, Apt. #, etc.

City & State

LONGBOAT KEY FL

Zip

34228

Country

USA

3. Mailing Office Address

5951 GULF OF MEXICO DR

Suite, Apt. #, etc.

City & State

LONGBOAT KEY FL

Zip

34228

Country

USA

REINSTATEMENT

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

10-30-2000

5. FEI Number

65-1052752

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

LILLIAN SANDS

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

5951 GULF OF MEXICO DRIVE

Suite, Apt. #, Etc.

City

LONGBOAT KEY

State

FL

Zip Code

34228

500004785335-8

-01/18/02--01075-016

****750.00 ****750.00

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

Lillian Sands
REGISTERED AGENT MUST SIGN

Date

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
PRES	LILLIAN SANDS	5951 GULF OF MEXICO DR	LONGBOAT KEY, FL 34228
VP	BRUCE A SANDS	5951 GULF OF MEXICO DR	LONGBOAT KEY, FL 34228

AD

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:

Lillian Sands
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/00)