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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State Division of corporations	FILED 030EC 26 AM 9:39 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # POOOOII2714		SECRETARSEE. FLURIO	
L Bar L Enterprises, Inc.		TALLAN	
2. Principal Office Address 250 NE 144+hSt. Suite, Apr. #, etc.	3. Matting Office Address 2201 SW 28th St Suide, Apt. #, etc. 17	4. Date Incorporated or Qualified 12 8 90	
City & State	City & State	6 FEIALLAND	
Okeelhobeetl Zip Country	Zip OKeer hober, Fl	- 65-1061742 Not Applicable	
3497à USA	34974 USA	CERTIFICATE OF STATUS DESIRED (\$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent Name Charles La Grange Street Address (P.O. Box Number is Not Acceptable) 3.50 NE 144+h St. 12/25/03-01005-037 **15 .00 Suite, Apt. #, Etc. City Okeechobee FL 34974			
8. f, 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 REGISTERED AGENT MUST SIGN			
9. Names and Street Addresses of Each Officer and			
Titles Name of Officers and/or Directors	Street Address of E Officer and/or Dire		
PD Charles LaGra	nge 250 NE 1444	St. Okeerhober, FL 34977	
VSD Morgan Lump	Kin 2201 SW 28th	St #17 Okeechobee, FL 34974	
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Defining 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Date Definition 1997 (1997) (1			

the business

863467-9937

* L Bar L, Inc. * L Bar L Cattle Company, Inc. * * L Bar L Enterprises, Inc. * L Bar L Transport, Inc. *

2201 SW 28th Street, # 17 Okeechobee, FL 34974 863 467-9937

December 23, 2003

Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

Re: L Bar L, Inc.

L Bar L Cattle Company, Inc.

L Bar L Enterprises, Inc.

L Bar L Transport, Inc.

To Whom It May Concern:

We would like to request a waiver of the reinstatement fee for the above referenced corporations. We have new addresses and did not receive the original paperwork to file our annual reports. We just recently found a box that included numerous pieces of mail that our former employee had picked up from our old address and never shown to anyone. This box contained the documents stating that our corporations would be resolved if not filed. However, we did not receive these in time to file.

We have included applications for reinstatement for all four corporations together with the original filing fees due. If we were to have to pay the full amount for reinstatement for each of the four corporations, this would place a financial burden on us that we would not be able to bear. Please note our change in mailing address for future correspondence.

Thank you for your consideration of this matter.

Sincerely,

Sarah Nell Griffis

Bookkeeper/Secretary