

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P01000031436

1. Corporation Name

LBS PROPERTY INVESTORS, INC.

Principal Place of Business

Mailing Address

P. O. BOX 4287
TAMPA FL 33677-4287

P. O. BOX 4287
TAMPA FL 33677-4287

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

03/26/2001

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

5. FEI Number

Applied For

38-3643417

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PST	ANDERSON, APRIL D	4312 W. ARCH ST.	TAMPA FL 33607
Vice	DAVID E. STEPHENS	3908 W. Pine St.	Tampa, FL 33607
Sec.	BRANDI J. WILLIAMS	2108 N. Grady Ave.	Tampa, FL 33607
Tres.	LAMARIA D. MATHIS	4312 W. Arch St.	Tampa, FL 33607

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ANDERSON, APRIL D
4312 W. ARCH ST.
TAMPA FL 33607

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

3-21-03

11. 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-21-03

CR2E040 (8/02)

3/21/03

To: Whom this may concern,

I April Anderson / LBS Property Investors Inc.

Lost my post office Box, due to non-pymt

I lost track of time when it was due,

therefore I did not receive my mail for

About 3-6 months, the post office said

it was returned back to the senders.

Thank you

April Anderson :