## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

## APPLICATION . **FOR** REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE Jim Smith

Secretary of State

DIVISION OF CORPORATIONS P01000032598

1. Corporation Name

DOCUMENT #

## L C B MORTGAGE CORPORATION

Principal Place of Business

Mailing Address

515 SEABREEZE BLVD

Signature of

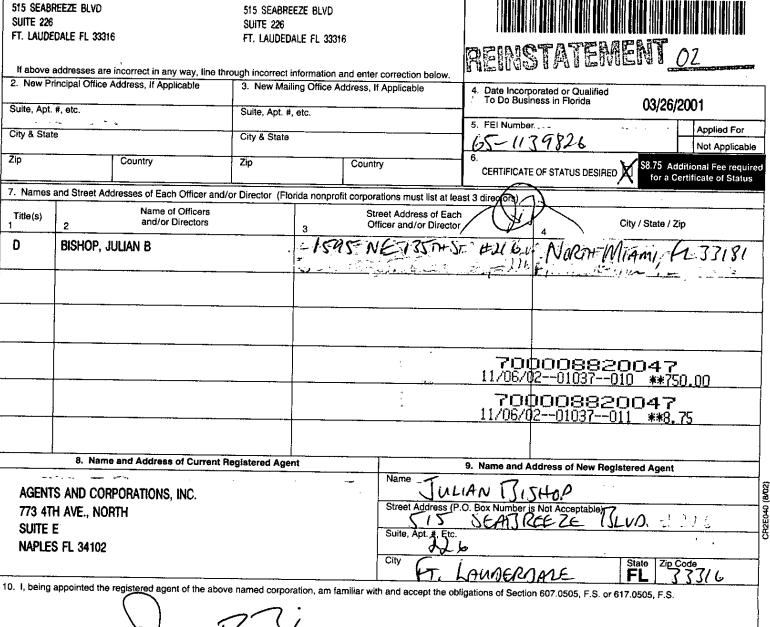
Registered Agent

515 SEABREEZE BLVD

FILED

02 NOV -6 AM 10: 45

SECRETARY OF STATE TALLAHASSEE, FLORIDA



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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICE

on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

HOP , PRESIDENT 10-26-02 954-713-8113

Date \_ 10-21 - 02