

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 13 AM 9:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000033928

1. Corporation Name

LADYBIRD ENTERPRISES, INC.

Principal Place of Business

LAKE FOREST BLVD
SANFORD FL 32771

Mailing Address

LAKE FOREST BLVD
SANFORD FL 32771



REINSTATEMENT 03

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

04/03/2001

5. FEI Number

65-1096027

Applied For

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	HANSLA, CARL	700 BROADOAK LOOP LAKE FOREST	SANFORD FL 32771
V	SIMON, HANSLA	700 BROADOAK LOOP LAKE FOREST	SANFORD FL 32771

100023752191
10/13/03--01074--004 **150.00

8. Name and Address of Current Registered Agent

HANSLA, CARL
700 BROADOAK LOOP, LAKE FOREST
SANFORD FL 32771

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

Date

REGISTERED AGENT MUST SIGN

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:

Carl Thomas Hansla
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/8/03

Daytime Phone #

CR2E040 (7/03)

Date: 9th October 2003



700 Lake Forest Blvd
Sanford
Florida
32771
Tel: 407 324 1315
Fax: 407 324 1882

Florida Department Of State
Annual Report/Reinstatement Section
PO Box 6327
Tallahassess
Florida
32314-6327

Dear Sir / Madam

Re: UBR Filing Fee

We write to inform you that we Ladybird Enterprizes Inc, have not received any prior Uniform Business Notices. We therefore enclose the appropriate UBR filing fee of \$150, together with this letter signed by myself and Vice President Simon Hansla.

Thank you!

Yours sincerely

Carl Hansla – President
Ladybird Enterprizes Inc

Simon Hansla – Vice President
Ladybird Enterprizes Inc