

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 DEC 26 AM 9:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000098042

1. Corporation Name

L Bar L, Inc.

2. Principal Office Address

250 NE 144th St.

Suite, Apt. #, etc.

City & State

Okeechobee, FL

Zip

34972

Country

USA

3. Mailing Office Address

220 SW 28th St.

Suite, Apt. #, etc.

17

City & State

Okeechobee, FL

Zip

34974

Country

USA

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

9/10/02

5. FEI Number

20-0001856

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$5.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Morgan Lumpkin

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

2201 SW 28th St

Suite, Apt. #, Etc.

17

City

Okeechobee

State

FL

Zip Code

34974

600025761266

12/26/03--01005--035 **15.00

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

[Signature]

Date 12/23/03

REGISTERED AGENT MUST SIGN

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
PD	Morgan Lumpkin	2201 SW 28 th St. #17	Okeechobee, FL 34974
VSD	Charles LaGrange	250 NE 144 th St.	Okeechobee, FL 34972

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]

Morgan Lumpkin

Date

12/23/03 803467-9937

Daytime Phone #

CR2E081 (10/02)

*** 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.

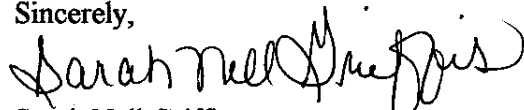
To Whom It May Concern:

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