

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P0200011856

1. Corporation Name

LBS Import & Export. Inc.

2. Principal Office Address

862 Diane Dr.

Suite, Apt. #, etc.

3. Mailing Office Address

PO Box 162945

Suite, Apt. #, etc.

City & State

Altamonte Springs, FL

City & State

Altamonte Springs, FL

Zip  
32701-5664

Country  
USA

Zip  
32716

Country  
USA

4. Date Incorporated or Qualified  
To Do Business in Florida

10/17/2002

5. FEI Number

20-0594916

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required  
for a Certificate of Status

**REINSTATEMENT** 03-04

7. Name and Address of Current Registered Agent

Name

Leonardo DiFiore

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

862 Diane Dr.

Suite, Apt. #, Etc.

City

Altamonte Springs

State  
FL

Zip Code  
32701-5664

500027629745  
01/25/04--01097--032 \*\*300 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

REGISTERED AGENT MUST SIGN

Date 1/13/2004

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
P	Leonardo DiFiore	862 Diane Dr.	Altamonte Springs, FL 32701-5664
D	Pierluigi DiFiore	Via Tempa 34	Orria Cilento, Salerno, Italy

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:

Leonardo DiFiore

1/13/2004

407-862-2286

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)

LEONARDO DIFIORE  
PO Box 162945  
ALTAMONTE SPRINGS, FL 32716

January 13, 2004

Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

Re: P02000111856--LBS Import & Export, Inc.

Dear Sirs,

Per instructions from your office on January 13, 2004,  
please find enclosed the reinstatement form for the corporation  
referenced above and a check in the amount of \$300.00.  
The annual report was never received by the corporation for 2003  
and 2004.

Thank you for your attention to this matter.

Sincerely,

Leonardo DiFiore  
President

LD:ndr

Enclosures: 2