

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P03000059360

1. Corporation Name

LBF TRANSPORTATION, INC.

2. Principal Office Address

7141 NW Turtle Walk

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Boca Raton, FL

City & State

Zip

33487

Country

USA

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

5/29/03

5. EEI Number

74-3092470

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

CR2E081 (12/05)

600074529926

05/12/06--01061--022 \*\*1050.00

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**7. Name and Address of Current Registered Agent**

Name

Lauro Freitas

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

7141 NW Turtle Walk

Suite, Apt. #, Etc.

City

Boca Raton, FL 33487

State

FL

Zip Code

33487

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]*

REGISTERED AGENT MUST SIGN

Date 4/24/06

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/C	LAURO FREITAS	7141 NW TURTLE WALK	BOCA RATON, FL 33487
V/D	MARIA FREITAS	7141 NW TURTLE WALK	BOCA RATON, FL 33487
T/M/D	ACHILLES DELEAO	7141 NW TURTLE WALK	BOCA RATON, FL 33487

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 contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ACHILLES DELEAO

4/24/06

Date

561.376.9573

Daytime Phone #