

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11 OCT 25 PM 2:40

DOCUMENT #P03000059360

1. Corporation Name

LBF TRANSPORTATION INC.

2. Principal Office Address - No P.O. Box #

1876 NE 53rd St

Suite, Apt. #, etc.

City & State

Pompano Beach/Florida

Zip

33064

Country

US

3. Mailing Office Address

Same as principal

Suite, Apt. #, etc.

City & State

4. Date Incorporated or Qualified
To Do Business in Florida

05/29/2003

5. FFI Number

74-3092470

☐ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

CR2E081 (11/10)

000212709470
10/25/11--01032--005 **500.00

7. Name and Address of Current Registered Agent

Name

Lauro B Freitas

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

1876 NE 53rd St

Suite, Apt. #, Etc.

City

Pompano Beach

State

FL

Zip Code

33064

REINSTATEMENT 09-11

000212709470
09/29/11--01018--008 **450.00

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

Date **09/26/2011**

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 |
|--------|--------------------------------------|---|------------------------|
| PC | Lauro B Freitas | 1876 NE 53rd St | Pompano Beach/FL/33064 |
| VD | Maria Freitas | 1876 NE 53rd St | Pompano Beach/FL/33064 |
| TMD | Achilles De Leao | 1876 NE 53rd St | Pompano Beach/FL/33064 |
| | | | |
| | | | |
| | | | |

10. E-mail Address:

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

09/26/2011

(754)366-2866

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #