

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P04000021814

1. Corporation Name

L & B INTERNATIONAL GROUP, INC.

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

7380 SAND LAKE ROAD

Suite, Apt. #, etc.

SUITE 500

City & State

ORLANDO, FLORIDA

Zip

32819

Country

US

3. Mailing Office Address

7380 SAND LAKE ROAD

Suite, Apt. #, etc.

SUITE 500

City & State

ORLANDO, FLORIDA

Zip

32819

Country

US

7. Name and Address of Current Registered Agent

Name

LORI MOORE

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

7380 SAND LAKE ROAD

Suite, Apt. #, Etc.

SUITE 500

City

ORLANDO

State

FL

Zip Code

32819

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

Lori Moore

REGISTERED AGENT MUST SIGN

Date **1/27/2009**

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
CEO	LORI MOORE	7380 SAND LAKE RD, SUITE 500	ORLAND, FL 32819
CFO	KIMBERLY N. YANCY	7380 SAND LAKE RD, SUITE 500	ORLANDO, FL 32819
PRES	BRYAN KEYTH	7380 SAND LAKE RD, SUITE 500	ORLANDO, FL 32819

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:

Lori Moore

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/27/2009

Date

Daytime Phone #

FILED

09 JAN 27 AM 11:05

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

600142157626
01/27/09--01016--011 **750.00

CR2E081 (12/07)

**4. Date Incorporated or Qualified
To Do Business in Florida**

5/26/2004

5. FEI Number

☒ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

**\$8.75 Additional Fee required
for a Certificate of Status**

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

REINSTATEMENT *0509*

DEC 27 2008 **MA. WILKINS**