

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

11 OCT 28 AM 9:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #P04000049890

1. Corporation Name

LBF EXPRESS, INC.

700212843397
10/03/11--01059--006 **450.00

2. Principal Office Address - No P.O. Box #
1876 NE 53rd St

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Pompano Beach/Florida

City & State

Zip
33064

Country
US

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida **03/19/2004**

5. FEI Number.,
81-0646253

☐ Applied For
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status

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 Zip Code
FL 33064

700212843397
10/25/11--01032--002 **450.00

REINSTATEMENT

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 **09/28/2011**

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
P	Lauro B Freitas	1876 NE 53rd St	Pompano Beach/Florida/33064
VP	Maria D Freitas	1876 NE 53rd St	Pompano Beach/Florida/33064
CEOD	Achilles A De Leao	1876 NE 53rd St	Pompano Beach/Florida/33064
CFO	Jennifer De Freitas	1876 NE 53rd St	Pompano Beach/Florida/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:

- LAURO B FREITAS

09/28/2011

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #