


2008 FOR PROFIT CORPORATION REINSTATEMENT

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|--|--|--|--|---|--|--|--|
| DOCUMENT # P05000076571 1. Entity Name LOBAL CORP. | | | |  | | FILED 08 OCT 22 PM 3:35 SECRETARY OF STATE TALLAHASSEE, FLORIDA | |
| Principal Place of Business 749 SW 2ND ST BOCA RATON, FL 33486 US | | | | Mailing Address 749 SW 2ND STREET BOCA RATON, FL 33486 US | | | |
| 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. | | | | 3. Mailing Address Suite, Apt. #, etc. | | | |
| City & State Zip Country | | | | City & State Zip Country | | | |
| 4. FEI Number 04-3816035 | | | | Applied For <input type="checkbox"/> Not Applicable | | | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | | | |
| 6. Name and Address of Current Registered Agent BIEDERMAN, SCOTT 2000 NW 16TH STREET POMPANO BEACH, FL 33062 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | | | |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. | | | | | | | |
| SIGNATURE: <u>Heidi Biederman</u> <u>Heidi Biederman</u> <u>10.16.08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | | | |
| FILE NOW!!! FEE IS \$150.00 After January 1, 2009, Fee will be \$300.00 | | | | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. | | | |
| 10. OFFICERS AND DIRECTORS | | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VP BIEDERMAN, SCOTT 749 SW 2ND STREET BOCA RATON, FL 33486 <input type="checkbox"/> Delete | | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition 800137165788 10/22/08--01024--005 **150.00 | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | P BIEDERMAN, HEIDI 749 SW 2ND STREET BOCA RATON, FL 33486 <input type="checkbox"/> Delete | | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
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| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. | | | | | | | |
| SIGNATURE: <u>Heidi Biederman</u> <u>Heidi Biederman</u> <u>10.16.08</u> <u>304459068</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | | | |