

# 2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P07000091873

Entity Name: LRB ENTERPRISE, INC.

FILED  
Nov 02, 2008  
Secretary of State

## Current Principal Place of Business:

4785 TRADE WINDS DRIVE  
PENSACOLA, FL 32514

## New Principal Place of Business:

4785 TRADEWINDS DR  
PENSACOLA, FL 32514

## Current Mailing Address:

4785 TRADE WINDS DRIVE  
PENSACOLA, FL 32514

## New Mailing Address:

4785 TRADEWINDS DR  
PENSACOLA, FL 32514

FEI Number: 59-3539274

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

BURRIS, LARISSA R  
4785 TRADE WINDS DRIVE  
PENSACOLA, FL 32514 US

## Name and Address of New Registered Agent:

BURRIS, LARISSA R  
4785 TRADEWINDS DR  
PENSACOLA, FL 32514 US

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.

SIGNATURE: LARISSA BURRIS

11/02/2008

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: BURRIS, LARISSA R  
Address: 4785 TRADEWINDS DRIVE  
City-St-Zip: PENSACOLA, FL 32514

Title: VP ( ) Delete  
Name: BURRIS, LYNN R  
Address: 5902 GREENFIELD STREET  
City-St-Zip: PACE, FL 32571

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: BURRIS, LARISSA R  
Address: 4785 TRADEWINDS DR  
City-St-Zip: PENSACOLA, FL 32514

Title: VP (X) Change ( ) Addition  
Name: BURRIS, LYNN R  
Address: 5902 GREENFIELD ST  
City-St-Zip: PACE, FL 32571

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LARISSA BURRIS

P

11/02/2008

Electronic Signature of Signing Officer or Director

Date