

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 NOV -6 AM 10:21

DOCUMENT # P93000073408

1. Corporation Name

LB INTERNATIONAL SALES CORP.

Principal Place of Business

Mailing Address

6601 NW 14TH ST.
STE #7
PLANTATION FL 33313
US

6601 NW 14TH ST.
STE #7
PLANTATION FL 33313
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.



2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/22/1993

5. FEI Number

65-0445166

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City, State, Zip
P	LIFTON, HARVEY	782 UNIV ST. 6948 Queensferry Circle	NEW YORK NY 10025 -11/28/00-01102-003 ****150.00 ****150.00
ST	LIFTON, RICHARD	7 SHORE RD	HAMPTON BAYS NY
VP	LIFTON, CAROL	260 W. 52ND ST.	NEW YORK CITY NY
VP	LIFTON, LISA	201 E 37TH ST. 1301 ST Tropez Circle	NEW YORK WESTON FL 33326
VP	LIFTON, JOHNATHAN	284 MOFF ST. 30 Bayle d	NEW YORK CITY NY metuch NJ 08840

8. Name and Address of Current Registered Agent

THE PRENTICE HALL CORPORATION SYSTEM, INC.
1201 HAYES ST.
STE 105
TALLAHASSEE FL 32301

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

Date

REGISTERED AGENT MUST SIGN

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., 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 under section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2ED40 (8/00)



LB International Sales Corp., V.I.

Affiliate of LB Electric Supply Co., Inc.

5202 New Utrecht Avenue Brooklyn NY 11219-3828 USA

Tel: (718) 438-4700 Fax: (718) 854-5183

Mr. Andy Dunlap,

Re: Application for Reinstatement, we have never received the original nor a follow-up letter regarding the submission of this form document # P93000073408.
Our FEI # 65-0445166.

Sincerely

Carol Lifton
Vice President