PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
01 OCT 16 AM 10: 36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000080562

1. Corporation Name

RB & LB Enterprises, Inc.

2. Principal Office Address		3. Mailing Office Address	
930 SAWGRASS Village DR		930 SAWGRASS Village DR	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Ponte Vedra Beach, FL		City & State: Ponte Vedra Beach, FL	
Zip: 32082	Country: USA	Zip: 32082	Country: USA

REINSTATEMENT 2001

4. Date Incorporated or Qualified To Do Business in Florida: 11/16/1993

5. FEI Number: 59 3213233 — Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☑ $8.75 Add ... required for a Cert ...

7. Name and Address of Current Registered Agent

Name: PATRICIA A. LANIER

100004658481--8
-10/30/01--01014--012
****793.75 ****793.75
LS

Street Address (P.O. Box Number is Not Acceptable): 6628 HYDE GROVE AVENUE

Suite, Apt. #, Etc.

City: JACKSONVILLE State: FL Zip Code: 32210

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: Patricia A. Lanier — REGISTERED AGENT MUST SIGN — Date 10/06/2001

CR2E081 (9/00)

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
PTD	Richard D Boryszewski	160 S Roscoe Blvd	Ponte Vedra Bch, FL 32082
VD	Lena K Boryszewski	160 S Roscoe Blvd	Ponte Vedra Bch, FL 32082
S	Alexis Boryszewski	160 S Roscoe Blvd	Ponte Vedra Bch, FL 32082

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 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: Lena Boryszewski VD — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 10/10/01 — Daytime Phone #: 904-285-9113