

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JAN 13 AM 9:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000044530

1. Corporation Name

The LBL Group, Inc.

2. Principal Office Address

5795 State Road 21

Suite, Apt. #, etc.

3. Mailing Office Address

5795 State Road 21

Suite, Apt. #, etc.

City & State

Keystone Heights, FL

Zip

32656

Country

USA

City & State

Keystone Heights, FL

Zip

32656

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

06-10-1994

5. FEI Number

59-3245953

☒ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 03-04

7. Name and Address of Current Registered Agent

Name

Lloyd L. Lake

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

5795 State Road 21

Suite, Apt. #, Etc.

City

Keystone Heights

State

FL

Zip Code

32656

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 1-9-04

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
V T	Lloyd L. Lake	5795 State Road 21	Keystone HGHT, FL. 32656
P S	Robyn L. Lake	5795 State Road 21	Keystone Hght., FL 32656

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: Robyn L. Lake Pres.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-9-04

Daytime Phone #

352-473-2960

CR2081 (10/02)