PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT

Principal Place of Business

SIGNATURE:

FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

P95000025873 **DOCUMENT #** 1. Corporation Name

L.B. BUILDING SERVICES ENTERPRISES, INC.

Mailing Address

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

96 DEC 30 AM 8: 36

SECRETARY OF STATE TALLAHASSEE, FLORIDA

5315 NW 22ND AVENUE TAMARAC FL 33309		5315 NW 22ND AVENUE Tamarac Fl. 33309			DEINGTATERAENTO:			
If above addresses are incorrect in any way, line through incorrect 2. New Principal Office Address, If Applicable 3. New Ma			information and enter correction below. iling Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida			
Suite, Apt. #	, etc.	Suite, Apt. #, etc.			- W3/31/1885			
City & State		City & State	City & State			Source Land Source Land Land Land Land Land Land Land Land		
Zip	Country	Zip	Coun	lry	6. CERTIFICATI	E OF STATUS DESIRED (\$8.75. A	Additional Fee required Certificate of Status	
7. Names a	nd Street Addresses of Each Officer an	d/or Director (Flo	rida nonprofit corpo	ations must list at lea	ast 3 directors)			
Title(s) 1	e(s) Name of Officers and/or Directors 2		Street Address of Eac Officer and/or Directo 3 (Do NOT Use Post Office Box is		City / State / Zip		/ Zip	
PUSIDO	LIBREZ E BUEBLO		5312 Nm 57 Bas			POEEEE AJJASOM		
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						3612-31	-96	
8. Name and Address of Current Registered Agent				9. Name and Address of New Registered Agent				
BORELLO, LARRY E				Name Street Address (P.O. Box Number is Not Acceptable)				
	NW 22ND AVENUE							
TAMA	RAC FL 33309	Suite, Apt. #, Etc.			ľ			
				City State Zip Code				
Signature of Registered	Agent	. 2	Sould Sent Must Sign	with and accept the c	obligations of Sect	Date) 	
11. Do De	es this corporation pay pt. of Revenue under S	any intang . 199.032,	gible tax to t Florida Sta	he tutes. Yes	Ø No □	(See other side fo on intangib	or information le tax.)	
this rein: owed by	that I am an officer or director or the rec statement application, the reason for dis the corporation have been paid and the application is true and accurate, and my	solution has been a names of Individ	n eliminated, the con duals listed on this fe	porate name satisfies orm de net qualify for flect as if made unde Pass DR	s the requirements r an exemption ur or oath,	s of section 607.0401 or 617.0401 der section 119.07(3)(1), F.S. The	, F.S., that all foos	

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