

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

15 MAY 28 PM 2:59

DOCUMENT # P96000028077

1. Corporation Name

LCB INVESTMENTS, INC

2. Principal Office Address - No P.O. Box #

C/O 301 W. HALLANDALE BEACH BLVD.

Suite, Apt. #, etc.

3. Mailing Office Address

301 W. HALLANDALE BEACH BLVD.

Suite, Apt. #, etc.

City & State

Hallandale Beach, FL

City & State

Hallandale Beach, FL

Zip

33009

Country

USA

Zip

33009

Country

USA

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

March 21, 1996

5. FEI Number

650742628

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

ROZENCWAIG, NADEL & FERRERO-CARR, LLP

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

C/O 301 W. HALLANDALE BEACH BLVD.

Suite, Apt. #, etc.

City

Hallandale Beach

State

FL

Zip Code

33009

300273436203

05/28/15--01029--010 **1535.00

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

REGISTERED AGENT MUST SIGN

Date May 11, 2015

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
P/D	Denise Caridi	c/o 301 W. Hallandale Beach Blvd.	Hallandale Beach, Florida 33009

10. E-mail Address: LAR@RNFLAW.COM

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.165, F.S.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 11, 2015

954-455-6100

Date

Daytime Phone #

C.L.