

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000045248

1. Corporation Name

LRB DEVELOPMENT CORP.

Principal Place of Business

8711 52ND AVENUE EAST
BRADENTON FL 34202

Mailing Address

8711 52ND AVENUE EAST
BRADENTON FL 34202

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

05/29/1996

5. FEI Number

39-1873413

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

FILED

02 DEC 31 PM 2:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 2002

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

Title(s)

2

Name of Officers
and/or Directors

3

Street Address of Each
Officer and/or Director

4

City / State / Zip

PS

BALVANZ, LORAN R

8711 52ND AVE E

BRADENTON FL

01/06/03--01040--001 **750.00

100009863061
01/06/03--01040--001 **750.00

8. Name and Address of Current Registered Agent

BROWN, KENNETH P
5222 S JULES VERUE COURT
TAMPA FL 33611

9. Name and Address of New Registered Agent

Name

Kenneth P. Brown

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

2815 Old Bayshore Way

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33611

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 10/25/2002

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10.25.2002

Date

Daytime Phone #

CR2040 (8/02)