

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 JAN 22 AM 10:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P 96000045415**

1. Corporation Name

LBH. INTERNATIONAL, INC.

2. Principal Office Address

3171 LEEWOOD TER.

Suite, Apt. #, etc.

134

City & State

BOCA RATON FL

Zip

33431

Country

USA

3. Mailing Office Address

3171 LEEWOOD TER.

Suite, Apt. #, etc.

134

City & State

BOCA RATON. FL.

Zip

33431

Country

USA

REINSTATEMENT 03-04

4. Date Incorporated or Qualified
To Do Business in Florida

MAY 21/1996.

5. FEI Number

65-0670389

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

YURI LIABOH

700027371647

01/21/04 01100 004 **329.00

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

3171 LEEWOOD TER.

Suite, Apt. #, Etc.

SUITE # 134

City

BOCA RATON

State

FL

Zip Code

33431

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

[Signature]
REGISTERED AGENT MUST SIGN

Date

01/15.04

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	YURI LIABOH	3171 LEEWOOD TER. # 134.	BOCA RATON FL 33431
S	INA LIABOH	3171 LEEWOOD TER. #134.	BOCA RATON FL 33431

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature] **YURI LIABOH**

Date

01/15.04 (561)361-3080

Daytime Phone #