

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 JUN 15 AM 8:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PA6000085721

1. Corporation Name

LVDB, Inc.

W 09-26022

400156587644
05/29/09--01018--013 **1950.00

REINSTATEMENT 01-09

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

3401 Ocean Blvd.

3. Mailing Office Address

550 W. Old Country Road

Suite, Apt. #, etc.

#6

Suite, Apt. #, etc.

108

City & State

Highland Beach, FL

City & State

Hicksville, NY

Zip

33487

Country

Zip

11801

Country

4. Date Incorporated or Qualified
To Do Business In Florida

1996

5. FEI Number
65-0703599

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

7. Name and Address of Current Registered Agent

Name

Franklin L. Frank

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

3401 S. Ocean Blvd.

Suite, Apt. #, Etc.

#6

City

Highland Beach

State

FL

Zip Code

33487

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 6-11-09

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
Pres.	Franklin L. Frank	1063 Hillsboro Mile Unite #805	Hillsboro Beach, FL 33062

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 contained in Chapter 119, 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

5/26/09

Date

516-935-8200

Daytime Phone #

6123
an