

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

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 Zip Code
FL 33487

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.

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 |
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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