

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State

DIVISION OF CORPORATIONS

02 SEP 16 AM 11:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000098499

1. Corporation Name

LBB, INC.

200007833302--6

--09/18/02--01066--022

****900.00 ****900.00

REINSTATEMENT 01-02

2. Principal Office Address

9029 NW 18 PLACE

Suite, Apt. #, etc.

3. Mailing Office Address

9029 NW 18 Place

Suite, Apt. #, etc.

City & State

Gainesville, FL

Zip

32606

Country

USA

City & State

Gainesville, FL

Zip

32606

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

12/02/1996

5. FEI Number

59-3413668

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

Lowry, Matthew S.

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

9029 NW 18 Place

Suite, Apt. #, Etc.

City

Gainesville

State

FL

Zip Code

32606

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

Matthew S. Lowry

REGISTERED AGENT MUST SIGN

Date

9-11-02

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	Lowry, Matthew S.	9029 NW 18 PL.	Gainesville, FL 32606
V	Briggs, Richard W.	9029 NW 18 PL.	Gainesville, FL 32606
S	Briggs, Dorothy R.	9029 NW 18 PL.	Gainesville, FL 32606

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:

Dorothy R. Briggs Dorothy R. Briggs

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

9/11/02

352 -

332-7889

Daytime Phone #

CR2E081 (9/01)

9/11/02