

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 OCT 19 AM 11:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000072686

1. Corporation Name

L D B ENTERPRISES, INC.



Principal Place of Business

Mailing Address

701-26 MAYPORT CROSSING BLVD.
ATLANTIC BEACH FL 32233

701-26 MAYPORT CROSSING BLVD.
ATLANTIC BEACH FL 32233

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business In Florida

08/19/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

6. FEI Number

Applied For

59-3528610

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

8. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	BRAY, LARRY D	9009 WESTERN LAKE DRIVE, #906	JACKSONVILLE FL 32256
D	BRAY, MICHELE	9009 WESTERN LAKE DRIVE, #906	JACKSONVILLE FL 32256
P	Bray, Larry D	1537TH Ave South	Jacksonville Beach FL 32250
V	Bray, Michele	153 7TH Ave South	Jacksonville Beach FL 32250

TS03026846--4
-10/27/99--01087--005
****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BRAY, LARRY D
9009 WESTERN LAKE DRIVE, #906
JACKSONVILLE FL 32256

Name Bray, Larry D
Street Address (P.O. Box Number is Not Acceptable)
153 7th Ave South
Suite, Apt. #, Etc.

City Jacksonville Beach State FL Zip Code 32250

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.

Signature of Registered Agent

Larry Bray REGISTERED AGENT MUST SIGN

Date 10-14-99

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:

Larry Bray REGISTERED AGENT MUST SIGN

Date 10-14-99

Daytime Phone # 904-249-1406

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR


Date

Daytime Phone #

On Tuesday October 12 1999 I received a notice of administrative dissolution from the state. I am requesting that the penalty fee be removed since I never received your original notices.

The mailing address has changed for the registered agent.

Thank you,


Larry Bray
President
LDB Enterprises Inc.

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