

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 OCT 31 PM 3:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P99000003401**

**1. Corporation Name**

**LBI SERVICES Inc.**  
**241 ALPINEWAY**  
**PANAMA CITY FLA**

**32404**

**900024578299**  
**11/12/03--01002--033 \*\*150.00**

**2. Principal Office Address**

**241 ALPINEWAY**

Suite, Apt. #, etc.

**3. Mailing Office Address**

**SAME**

Suite, Apt. #, etc.

**City & State**

**PANAMA CITY FLA.**

**City & State**

**SAME**

**Zip**

**32404**

**Country**

**Bay**

**Zip**

**Country**

**4. Date Incorporated or Qualified  
To Do Business in Florida**

**1/11/99**

**5. FEI Number**

**593552302**

**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**

**John Uskert**

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

**315 HARRISON AVE**

**Suite, Apt. #, Etc.**

**City**

**PANAMA CITY FLA.**

**State  
FL**

**Zip Code**

**32401**

**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** **10/29/03**

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

<b>Titles</b>	<b>Name of Officers and/or Directors</b>	<b>Street Address of Each Officer and/or Director</b>	<b>City / State / Zip</b>
<b>PRE</b>	<b>LEON E BRANNON</b>	<b>241 ALPINEWAY PA</b>	<b>PANAMA CITY FL 32404</b>
<b>V.PRES.</b>	<b>ANN B. BRANNON</b>	<b>241 ALPINEWAY</b>	<b>PANAMA CITY FL 32404</b>

**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:**

**Leon E BRANNON**

**2400 1003**

**850-769-9937**

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**Date**

**Daytime Phone #**

CP2001 (10/02)

20 October 2003

LBI Service Inc  
1206 Bob Little Rd  
Panama City FL 32404

Dept of State  
Division of Corporations  
409 E Gaines Street  
Tallahassee FL 32399

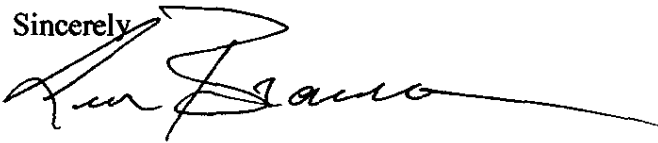
To Whom It May Concern:

~~We respectfully request that penalties be waived for LBI Services Inc, based on the fact that we have not been at 511 1/2 Maple Panama City FL for over 18 months. We have not received notification of renewal~~

. We have always renewed faithfully and plan to continue to do so. Enclosed is a money order for \$150.00 to cover the annual fee for Corporation #FEI 59-3552302. We also did not receive the renewal form at 241 Alpine Way Panama City.

Document #P99000003401 for LBI Services Inc

Sincerely,



Leon Brannon  
President