

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 FEB 28 PM 2:18

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

P99000004603
LJB Enterprises, Inc.

REINSTATEMENT 06-08
B 2/29/08
01/30/08 01033 016 4800
CR2E081 (12/07)

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

900 CANOPY WALK LANE

Suite, Apt. #, etc.

911

City & State

PALM COAST FL

Zip

32137

Country

U.S.

3. Mailing Office Address

900 CANOPY WALK LANE

Suite, Apt. #, etc.

911

City & State

PALM COAST FL

Zip

32137

Country

U.S.

4. Date Incorporated or Qualified
To Do Business in Florida

1-15-99

5. FEI Number

59-3554946

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

BONNIELIBRIZZI

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

9249 JULY LANE

Suite, Apt. #, Etc.

City

ST. AUGUSTINE

State

FL

Zip Code

32137

☒ 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

Bonnie L. Librizzi
REGISTERED AGENT MUST SIGN

Date 2-20-08

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, D	BONNIE L. LIBRIZZI	900 CANOPY WALK LANE	PALM COAST, FL 32137

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:

Bonnie L. Librizzi
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-20-08

Date

904 347 1820

Daytime Phone #