

MAY. 31. 2006 4:55PM

BERNSTEIN CHACKMAN & Liss

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

06 JUN -5 AM 9:41

DOCUMENT # P99000047381

1. Corporation Name

L + B 100 Military Trail, Inc.

REINSTATEMENT

CR2E081 (12/05)

2. Principal Office Address

17914 LAKE ESTATES DR.

3. Mailing Office Address

Suite, Apt. #, etc.

SAME

Suite, Apt. #, etc.

City & State

BOCA RATON

City & State

FL

Zip

33496

Country

PALM BEACH

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5/25/1999

5. FEI Number

650933009

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐\$6.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

LEONARD CHACKMAN

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

17914 LAKE ESTATES DR.

Suite, Apt. #, Etc.

City

BOCA RATON

State

FL

Zip Code

33496

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0509 or 617.0503, F.S.

Signature of
Registered Agent


Date 6/1/06

REGISTERED AGENT MUST SIGN

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	LEONARD CHACKMAN	17914 LAKE ESTATES DR.	
VP	FRANCINE CHACKMAN (SAME)		BOCA RATON, FL 33496

100077140991
07/07/06--01024--021 ***45.00

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

Date

6/1/06

Daytime Phone #

M. Williams JUN - 6 2006

L & B 100 Military Trail, Inc.

17914 Lake Estates Drive
Boca Raton, Fl. 33496
Tel..561-470-5831
Fax. 561-470-0323
lenardchackman@aol.com

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*Florida Department of State
Corporation Reinstatement*

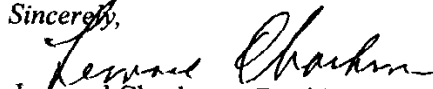
June 1, 2006

Dear Sir:

Enclosed is my Corporation Reinstatement application. Also enclosed is my check for \$450.00 representing the years 2004, 2005, and 2006. It is respectfully requested that the reinstatement fee be waived in as much as we did not received any of the notices. All notices should be sent to Leonard Chackman, at 17914 Lake Estates Drive, Boca Raton, Florida 33496.

Thank you

Sincerely,



Leonard Chackman, President
L & B. 100 Military Trail, Inc.