

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

03 JUN 17 PM 1:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000121574

1. Corporation Name

LINDY ASSETS, INC.

2. Principal Office Address

5292 S.W. 80th Street

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33143

Country

USA

3. Mailing Office Address

5292 S.W. 80th Street

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33143

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

12/27/2001

5. FEI Number

02-0563585

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 02-03

7. Name and Address of Current Registered Agent

Name

Atrium Registered Agents, Inc.

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

1500 San Remo Avenue

200020900072
06/17/03--01002--007 **900 00

Suite, Apt. #, Etc.

Suite 125

City

Coral Gables

State

FL

Zip Code

33146

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

Date

6/9/03

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
DP	Lindenfeld, Martin	5292 S.W. 80th Street	Miami, FL 33143
DVS	Lindenfeld, Helene	5292 S.W. 80th Street	Miami, FL 33143

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:

Helene Lindenfeld

Date

June 3, 2003

Daytime Phone #

786-259-3767 6/17

CR2E081 (10/02)