

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

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AND
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000066305

1. Corporation Name

Lind-Phil, Inc.

2. Principal Office Address

1682 Lowen Rd

Suite, Apt. #, etc.

City & State

Three Lakes, Wi

Zip

54562

Country

USA

3. Mailing Office Address

P.O. Box 38

Suite, Apt. #, etc.

City & State

Three Lakes, Wi

Zip

54562

Country

USA

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

8-1-97

5. FEI Number

59-3460359

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

Phyllis Hageny

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

10522 Brentford Dr

Suite, Apt. #, Etc.

100003246831-5

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****908-75--****908-75--

City

Tampa

State

FL

Zip Code

33626

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

Phyllis Hageny

REGISTERED AGENT MUST SIGN

Date 3-29-2000

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 Phyllis Hageny

1682 Lowen Rd

Three Lakes, Wi
54562

Sec Robert G. Hageny

12151 W. Linebaugh Ave #105 Tampa, Fl. 33626

REINSTATEMENT

9700

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

Phyllis Hageny

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3-29-00 (813) 920-7722

Daytime Phone #

CR2E081 (9/99)