


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**FILED**

03 APR 23 AM 11:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>CORPORATION REINSTATEMENT</b>		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 612755 1. Corporation Name <b>Lehman Manufacturing Company, Inc.</b> 1000 East William Street, Suite 204 Carson City, NV 89701			
2. Principal Office Address <b>1000 East William Street</b> Suite, Apt. #, etc. <b>Suite 204</b> City & State <b>Carson City, NV</b> Zip <b>89701</b>		3. Mailing Office Address <b>1000 East William Street</b> Suite, Apt. #, etc. <b>Suite 204</b> City & State <b>Carson City, NV</b> Zip <b>89701</b>	
Country <b>USA</b>		Country <b>USA</b>	

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05/08/03-02051--0081-1130200  
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4. Date Incorporated or Qualified To Do Business in Florida	<b>March 13, 1979</b>
5. FEI Number	<b>22-1868987</b>
Applied For	<input type="checkbox"/>
Not Applicable	<input checked="" type="checkbox"/>
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent		
Name <b>NRAI Services, Inc.</b>		
Street Address (P.O. Box Number is Not Acceptable) <b>526 E. Park Avenue</b>		
Suite, Apt. #, Etc.		
City <b>Tallahassee</b>	State <b>FL</b>	Zip Code <b>32301</b>

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 BY: Alison Hand - Asst secy Date 4/22/03

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
Pres, Dir	Preston Golden	1000 E. William St., Suite 204	Carson, City, NV 89701
Dir	Barbara Wilkinson	1000 E. William St., Suite 204	Carson City, NV 89701
VP	William T. Collins	1000 E. William St., Suite 204	Carson City, NV 89701
Asst. Tres.	William J. Postiglione	1000 E. William St., Suite 204	Carson City, NV 89701
Asst. Sect.	Janice A. Sullivan	1000 E. William St., Suite 204	Carson City, NV 89701

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: Janice A. Sullivan Janice A. Sullivan Date 4/22/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (9/01)

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