

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

03 APR 23 AM 11:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 612755

1. Corporation Name

Lehman Manufacturing Company, Inc.
1000 East William Street, Suite 204
Carson City, NV 89701

2. Principal Office Address

1000 East William Street
Suite, Apt. #, etc.
Suite 204

City & State

Carson City, NV

Zip

89701

Country

USA

3. Mailing Office Address

1000 East William Street
Suite, Apt. #, etc.
Suite 204

City & State

Carson City, NV

Zip

89701

Country

USA

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

March 13, 1979

5. FEI Number

22-1868987

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

NRAI Services, Inc.

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

526 E. Park Avenue

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

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: AGISON HAND - ASST SECY

REGISTERED AGENT MUST SIGN

Date

4/22/03

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

Daytime Phone #

CR2E081 (9/01)

CON208