

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **01648**
1. Corporation Name
EDWARD E. LINSKEY JR INC

2. Principal Office Address
3030 NW 23 Ave
Suite, Apt. #, etc.

3. Mailing Office Address
2800 E. Commercial
Suite, Apt. #, etc.
208

City & State
St. Lauderdale FL

City & State
St. Lauderdale FL

Zip Country
33311 USA

Zip Country
33308 USA

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number
59-1898555

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
EDWARD E LINSKEY JR INC

Street Address (P.O. Box Number is Not Acceptable)
3030 NW 23 Ave

Suite, Apt. #, Etc.

City
St. Lauderdale

State
FL

Zip Code
33311

800005492948--6
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***300.00 ***300.00

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 _____

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
PO	EDWARD E LINSKEY JR	3030 NW 23 Ave St. Lauderdale	FL 33311
STN	EDWARD E LINSKEY JR		

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: **Edward E Linskey Jr**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **3/18/02**
Daytime Phone #

CR2E081 (9/01)

Zal

MARCH 18, 2002

FLORIDA DEPT OF REVENUE

RE: EDWARD E. LINSKEY JR. INC.

TO WHOM IT MAY CONCERN:
I HAVE ENCLOSED A REINSTATEMENT APPLICATION FOR MY CORPORATION. I DID NOT RECEIVE MY UNIFORM BUSINESS REPORT LAST YEAR 2001 OR THE 2002. PLEASE HELP ME WITH THIS MATTER. I HAVE ENCLOSED A CHECK FOR THE \$300.00 AS INSTRUCTED BY THE WOMEN IN YOUR OFFICE.

THANK YOU

Edward E Linskey Jr
EDWARD E. LINSKEY