

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 3100 2800 E. Commercial Suite, Apt. #, etc. 208	
City & State Ft. Lauderdale FL Zip Country 33311 USA		City & State Ft. Lauderdale FL 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 <input type="checkbox"/> \$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 Ft. Lauderdale	State Zip Code FL 33311

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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	Ft 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: <i>[Signature]</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date 3/18/02 Daytime Phone #

CR2E081 (9/01)

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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