

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 616418

1. Corporation Name

Edward E. Linskey Jr Inc.

2. Principal Office Address

2755 E. Oakland Park Blvd.

3. Mailing Office Address

2755 E. Oakland Park Blvd.

Suite, Apt. #, etc.

304

Suite, Apt. #, etc.

304

City & State

Fort Lauderdale, Florida

City & State

Fort Lauderdale, Florida

Zip

33306

Country

USA

Zip

33306

Country

USA

FILED

07 FEB -8 AM 9:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

300089299343

02/27/07--01010--013 **1050.00

REINSTATEMENT

05-07

CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida

04/04/1979

5. FEI Number

591898555

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 R. Rumin, Esq.

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

2755 E. Oakland Park Blvd.

Suite, Apt. #, Etc.

304

City

Fort Lauderdale

State

FL

Zip Code

33306

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

REGISTERED AGENT MUST SIGN

Date 1/12/07

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
P	Edward E. Linskey Jr	2755 E. Oakland Park Blvd.	Fort Lauderdale, Florida 33306
D	Edward R. Rumin	2755 E. Oakland Park Blvd.	Fort Lauderdale, Florida 33306

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 contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/12/07 954-565-9492

Daytime Phone #