

10fz

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 FEB 25 PM 2:44

DOCUMENT # 680464

1. Corporation Name

LEHMANN DEV. CORP.

2. Principal Office Address

4944 CEDARBROOK LN

3. Mailing Office Address

P.O. Box 4417

REINSTATEMENT

1996-2004

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

HERNANDO BEACH, FL

City & State

CLEARWATER, FL

4. Date Incorporated or Qualified To Do Business in Florida

7/31/80

5. FEI Number

59-3267604

Applied For

Not Applicable

Zip

34607

Country

HERNANDO

Zip

33758

Country

PINELLAS

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

JOHN LEHMANN

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

4944 CEDARBROOK LN

Suite, Apt. #, Etc.

City

HERNANDO BEACH, FL

State

FL

Zip Code

34607

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

John Lehmann
REGISTERED AGENT MUST SIGN

Date

2/25/04

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	John LEHMANN	4944 CEDARBROOK LN	HERNANDO BEACH, FL 34607

500030599335
03/17/04--01016--033 **1423.75

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:

John Lehmann JOHN LEHMANN

Date

2/25/04

Daytime Phone #

352-597
8767

CR2E081 (9/01)

= 2/25/04

2052

To whom it may concern,

I did not receive my corporate
renewals form in 1996 so I have
forgot to pay it over the years.
If I update my Corporate Information
can you waive the penalty?

Sincerely,

John Lehman
Lehman Dev. Corp.