

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # F96000006371

1. Corporation Name

LISA E, INC.

Principal Place of Business

1424 BLUE HERON ROAD
VIRGINIA BEACH VA 23454-1700

Mailing Address

1424 BLUE HERON ROAD
VIRGINIA BEACH VA 23454-1700

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

LISA E., INC.

3. New Mailing Office Address, If Applicable

LISA E., INC.

Suite, Apt. #, etc.

24736 HARBOUR VIEW DRIVE

Suite, Apt. #, etc.

24736 HARBOUR VIEW DRIVE

City & State

PONTE VEDRA BEACH, FLORIDA

City & State

PONTE VEDRA BEACH, FLORIDA

Zip

32082

Country

Zip

32082

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/06/1996

5. FEI Number

54-1713657

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PDS	EPSTEIN, LISA A	1424 BLUE HERON ROAD	VIRGINIA BEACH VA 23454
TDV	EPSTEIN, BARRY P	1424 BLUE HERON ROAD	VIRGINIA BEACH VA 23454
			000003274940-0
			-06/02/00-01059-019
			*****900.00 *****900.00

8. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

[Signature]
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

4/14/2000

11. 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/17/00

Daytime Phone #

(904) 285-1350

904-285-1350

FILED

00 MAY 18 PM 12: 23

SECRETARY OF STATE
TALLAHASSEE FLORIDA



REINSTATEMENT

09-00

CR2E040 (8/99)