


2006 FOR PROFIT CORPORATION REINSTATEMENT

10fz

DOCUMENT # F98000004188

1. Entity Name
LIPSKY ENTERPRISES, INC.



06 NOV -3 PM 3:57

Principal Place of Business
814 MONTAUK HIGHWAY
BAYPORT, NY 11705

Mailing Address
814 MONTAUK HIGHWAY
BAYPORT, NY 11705

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Zip Country Zip Country

REINSTATEMENT

CR2E098 (11/05)

4. FEI Number
11-2849606

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331

7. Name and Address of New Registered Agent

Name

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

City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After January 1, 2007, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD LIPSKY, BARRY 88 S. FAIRVIEW AVE BAYPORT, NY <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 000081504270 11/03/06--01044--011 **150.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD LIPSKY, ERIC 11 JOSEPHINE LANE EAST ISLIP, NY <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Barry Lipsky Date: 10/16/06 Daytime Phone #: 472-4454

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NOV 3 2006



LIPSKY ENTERPRISES INC.

814 Montauk Highway
Bayport, New York 11705

Telephone: (631) 472-4454
Fax: (631) 472-4406

October 16, 2006

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

**Re: 2006 For Profit Corporation Reinstatement
Tax ID # 11-2849606**

To Whom It May Concern:

Attached, for your review and submission, please the aforementioned document as it pertains to the above referenced tax id number.

Please note, as per your website (enclosed please find a copy of what I printed), if I did not receive prior notice regarding this matter, the one hundred fifty dollar (\$150.00) reinstatement fee is not applicable. I have attached a copy as well of the first notice I received just last week regarding this matter.

Should you have any questions, please do not hesitate to contact me at 631-472-4454 ext. 107.

Very truly yours,

LIPSKY ENTERPRISES, INC.

Jennifer Leuzze
Controller

Enclosures