

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F99000000288

1. Corporation Name

Linatex Corporation of America

2. Principal Office Address

1550 Airport Road

Suite, Apt. #, etc.

City & State

Gallatin TN

Zip

37066

Country

US

3. Mailing Office Address

1550 Airport Road

Suite, Apt. #, etc.

City & State

Gallatin TN

Zip

37066

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

1-15-99

5. FEI Number

06-1072927

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

FILED

03 APR -9 AM 10:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01-03

000015562400
04/09/03--01067--038 **1058.75

7. Name and Address of Current Registered Agent

Name

CT Corporation System

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

1200 South Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

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

JENNIFER F AULTMAN
ASSISTANT SECRETARY

Date 3-17-03

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	Gregory Caddle	1550 Airport Road	Gallatin TN 37066
V	David Hart	1550 Airport Road	Gallatin TN 37066
V/T	Wayde Bonomo	1550 Airport Road	Gallatin TN 37066
V/S	Walker Allen	329 Wyckoffs Mill Road	Highstown NJ 08520
S	Steven Barnett	329 Wyckoffs Mill Road	Highstown NJ 08520
S	Barrie Wexler	329 Wyckoffs Mill Road	Highstown NJ 08520

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Wayde Bonomo

Date

3-12-03

Daytime Phone #

615 230-2123

CR2E081 (10/02)