

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
DIVISION OF CORPORATIONS

01 OCT -8 PM 5:30

DOCUMENT # F99000003994

1. Corporation Name

Land Mobile Radio (LMR)
International, Inc.

2. Principal Office Address

14200 Royal Harbour Ct

Suite, Apt. #, etc.

Suite 503

City & State

Ft. Myers FL

Zip

33908

Country

U.S.A.

3. Mailing Office Address

40119 Hsu
8025 Falstaff Rd

Suite, Apt. #, etc.

City & State

McLean VA

Zip

22102

Country

U.S.A.

REINSTATEMENT 00-01

4. Date Incorporated or Qualified
To Do Business in Florida

8-2-99

5. FEI Number

52-1439671

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

Donald W. Goodwin

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

14200 Royal Harbour Ct.

Suite, Apt. #, Etc.

#503

City

Ft. Myers

State

FL

Zip Code

33908

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

Don Goodwin

Don Goodwin

REGISTERED AGENT MUST SIGN

Date

10/5/01

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	Donald W. Goodwin	14200 Royal Harbour Ct.	Ft. Myers, FL 33908
V	M. Louise Goodwin	" "	" "

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

10/5/01

Date

941-437-0980

Daytime Phone #