

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
02 DEC 20 AM 10:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **H01353**

1. Corporation Name

Lindo Service Corporation

2. Principal Office Address

14708-10 NE 16th Ave

Suite, Apt. #, etc.

City & State

North Miami Bch, FL

Zip

33161

Country

3. Mailing Office Address

14708-10 NE 16th Ave

Suite, Apt. #, etc.

City & State

North Miami Bch, FL

Zip

33161

Country

4. Date Incorporated or Qualified
To Do Business in Florida

4/30/84

5. FEI Number

650716921

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

Donna Stobbs

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

14708 N.E. 16th Ave

Suite, Apt. #, Etc.

City

North Miami Beach

State

FL

Zip Code

33161

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

Date **12/3/02**

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
DST	Donna Stobbs	14708 N.E. 16 th Ave	N. Miami Bch FL 33161
V	Sefton Stobbs	14708 N.E. 16 th Ave	N. Miami Bch, FL 33161

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

12/3/02

Date

(305) 947-1305

Daytime Phone #

CR2E081 (9/01)

TIME **SAVERS**

ACCOUNTING & INCOME TAX SERVICES

7590 NW 186th Street Miami Lakes, FL 33015 Ph: 305.828.1484 Fax: 305.828.1486

December 5, 2002


Dear Sir/Madame:


The following letter is to serve as an appeal for waiver of the reinstatement fee assessed for non-filing of the uniform business report for the Lindo Service Corporation, FEIN# 65-0716921.

Per review of the client's documentation the update notice was mailed to an old address. Therefore, the following request is also to serve as notification of the need to update the mailing address for all UBR information in the future. The new address is as follows:

Lindo Service Corporation
14708-10 NE 16th Avenue
North Miami Beach, FL 33161
Attn: Donna Stobbs

Sincerely,


Sean W. Davis, CPA


Donna Stobbs
President - Lindo Services Corporation