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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT 93-97

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

DO NOT WRITE IN THIS SPACE

FILED

97 JUL -2 AM 8:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

◄ Read Instructions on Other Side Before Making Entries ►

Make Check Payable To: *Department of State*

1. Name and Mailing Address of Corporation: DOCUMENT # H38995

PR00055813
RON LENZ & ASSOC., INC.
3107 SR 66
SEBRING FL 33872

2. If Address in Block 1 is incorrect in any way, enter the correct address below:

Address: 1198 SE. MENORES AVE.
City and State: PORT ST LUCIE, FL. Zip Code: 34952-5359

3. If Principle Office Address is different from mailing address, enter address below:

Address: ~~3107 SR 66~~
City and State: ~~SEBRING~~ ~~FL~~ Zip Code: ~~33872~~

4. Date Incorporated or Qualified To Do Business In Florida	5. FEI Number	FEI Number Applied For	6. $8.75 Additional Fee required for a Certificate of Status
1/22/1985	59-2508587	FEI Number Not Applicable	CERTIFICATE OF STATUS DESIRED ☐

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

200002232812--2
-07/08/97--01052--015
***1410.00 ***1410.00

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4
DP	LENZ, RONALD L.	RT.#1, BOX 272D	SEBRING FL
		1198 SE MENORES AVE.	PORT ST LUCIE, FL 34952-5359
DV	OSAMA, EISSA M.	29 DIGLA ST. MOHANDESEEN	CAIRO, EGYPT

REINSTATEMENT 93-97

A. Allen 7/2/97

REGISTERED AGENT INFORMATION

8. Name and Address of Current Registered Agent

LENZ, RONALD L.
3107 SR 66
SEBRING FL 33872

9. If changed, new registered agent / office

Name

Street Address (Do NOT Use P.O. Box Number): 1198 SE. MENORES AVE.

Street Address (Do NOT Use P.O. Box Number)

City: PORT ST LUCIE State: FL. Zip: 34952-5359

CR2E040 (8/92)

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 _____ Date 28 JUNE 1997

REGISTERED AGENT MUST SIGN

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐ (See other side for information on intangible tax.)

13. 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., and that all fees owed by the corporation have been paid. 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 of Officer or Director _____ President Date 28 JUNE 97 Daytime Phone # 561-343-0802

Typed or printed name of signing officer or director RONALD L. LENZ