

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harjo
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT -9 PM 12:31

DOCUMENT #

K73311

1. Corporation Name

Linda Posnick & Associates Inc

REINSTATEMENT 00

2. Principal Office Address

6635 W. Commercial Blvd

3. Mailing Office Address

5801 NW 62nd Ave

Suite, Apt. #, etc.

Suite #203

Suite, Apt. #, etc.

Apt 112

City & State

Tamarac, FL

City & State

Tamarac, FL

Zip

33319

Country

USA

Zip

33319

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

3/16/1989

5. FEI Number

650100819

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

Linda Posnick

800003427468--0

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

5801 NW 62nd Ave Apt #112

-10/17/00--01048--004

*****8.75 *****8.75

Suite, Apt. #, Etc.

City

Tamarac

State

FL

Zip Code

33319

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

Lt. Posnick

REGISTERED AGENT MUST SIGN

Date 10-4-00

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
President	Linda Posnick	5801 NW 62nd #112	Tamarac, FL 33319
Vice President	Jodi LeGath	300 Vesetian Dr #12	Clearwater, FL 33755

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****750.00 ****750.00

10/11

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:

Lt. Posnick

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-4-00

Date

954-726-1167

Daytime Phone #

CR2E081 (9/99)