PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. APPLICATION FOR **DIVISION OF CORPORATIONS** DOCUMENT # 150784 99 JAN 15 PM 3: 05 LYND-BECKINC SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 340 W. CENTRAL AVE ST# 211 600002748066 -01/20/99--01064-WINTER HAVEN F1 33880 If above addresses are incorrect in any way, line through incorrect information and enter correction below. <del>\*\*\*\*150.00 \*\*\*\*150.00</del> 2. New Principal Office Address, If Applicable 3. New Mailing Office Address, if Applicable Date Incorporated or Qualified To Do Business In Florida Suite, Apt. #, etc. Suite, Apt. #, etc. City & State 9-2993581 City & State Not Applicable Žip Country Zip Country CERTIFICATE OF STATUS DESIRED 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers and/or Directors Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) City / State / Zip SHIRLEY A RIGGS 843 ORCHID SPRINGS DRIVE 2*ES102*11 WINTER HAVEN FI 33884 306 SUMMERFIEL DRIVE SECTY , PRES HARRISON TREAS \*\*\*\*150.00 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent SHIRLBY A RIGGS Street Address (P.O. Box Number is Not Acceptable) 843 DRCHID SPRINGS DRIVE Suite, Apt. #, Etc. WINTER HAVEN FI 33884 City State | Zip Code 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 REGISTERED AGENT MUST SIGN 11. This corporation owes or has paid the current year (See other side for information Yes 🗖 Intangible Personal Property fax due June 30. on intangible tax.) 12. 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 filling 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. Date 1999-941-293-3138 SIGNATURE:

Jan 12 -99

PLEASE NOTE THAT 2 CHECKS 2

ARE ENCLOSED FOR ANNUAL FEES

FOR 1998 X 1999 FOR LYND BECK, INC.

REP # L 50784 (FROM SEAN FORER)

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