

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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

DOCUMENT # N01000008671

1. Corporation Name

LINSON EDUCATIONAL ORGANIZATION, INC.

Principal Place of Business

14801 PALM BEACH BOULEVARD
FORT MYERS FL 33905

Mailing Address

14801 PALM BEACH BOULEVARD
FORT MYERS FL 33905

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

12/12/2001

Suite, Apt. #, etc.

Suite, Apt. #, etc.

14801 Palm Beach Blvd, Suite 200

FEI Number

Applied For

City & State

City & State

Fort Myers, Florida

65-1157032

Not Applicable

Zip

Country

Zip

Country

33905

USA

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required for a Certificate of Status

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

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	MARMION, CHRISTINA A	14801 PALM BEACH BOULEVARD	FORT MYERS FL 33905
V	SMITH, SANDRA L	14801 PALM BEACH BOULEVARD	FORT MYERS FL 33905
ST	TURANO, BOBBI J	14801 PALM BEACH BOULEVARD	FORT MYERS FL 33905
SD	NEWCOMER, MARY	14801 PALM BEACH BOULEVARD	FORT MYERS FL 33905
TD	MARMION, CARY J	14801 PALM BEACH BOULEVARD	FORT MYERS FL 33905

8. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI FL 33145

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

100009598651
12/19/02-01054-001 **\$1.25

City

State

FL

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. or 617.0505, F.S.

Signature of Registered Agent

SIGNATURE REQUIRED

Date

REGISTERED AGENT MUST SIGN

11. 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/21/02

239-229-2860

Date

Daytime Phone #

CFR2ED40 (8/02)

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SHAPING TOMORROW

14801 Palm Beach Boulevard, Suite 200, Fort Myers, Florida 33905 941-694-9227

Florida Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, Florida 32399
Telephone: 850-245-6059

To Whom It May Concern:

In responds to your Notice of Administrative Dissolution or Revocation notice that I have received, I am writing this letter explaining the failure to receive the two notices of the annual URB reporting. We are located in a large office complex and the failure of the suite number on the address must have been the reason for not getting the URB forms. Enclosed is the payment for the restatement along with the application for restatement.

Please review and call me if any questions come up. 941-229-2860 day time phone

Sincerely,

A handwritten signature in black ink, appearing to read "Cary J. Marmion".

Cary J. Marmion
CEO