PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. Pg 1 72

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood

Secretary of State

DOCUMENT # N01000008671

SIGNATURE:

REIN	ISTATEMENT VIEW	יום	VISION OF CORPOR	ATIONS		D		
DOCUMENT # N0100008671 1. Corporation Name					14 HAR 16	AH 8:54		
LINSON EDUCATIONAL ORGANIZATION, INC.					SECRETAR	ENERGE	N-	04
Principal P	lace of Business	Mailing Addr	ess	- Facili	MADE STORE	Fatteras an		
14801 PALM BEACH BOULEVARD 14801 PALM SUITE 200 SUITE 200 FORT MYERS FL 33905 FORT MYERS		BEACH BUULEVARU						
If above addresses are incorrect in any way, line through incorrect information and enter correction below.					20	1003057 104010740	0702 %_**1	<u>)</u> 22.50
4801-Palm-Beach Bodevard 14801 A Suite, Apt, #, etc. Suite, Apt, #,			MICCOLD WILLIAM CONTROL CONTROL		4. Date Incorp To Do Busir	provided of Qualified siness in Florida 12/12/2001		
Soit & State	c 201	Sof-	e 201		5. FEI Number	65-1157032		Applied For
Fort-N	Tyers, Fl Country	For	Myers, F	<u> </u>	6.	00-1107002	\$8.75 Add	Not Applicable
<u> 33</u>	905 USA	3390		SA	CERTIFICATE	OF STATUS DESIRED [for a Ce	rtificate of Status
7. Names	and Street Addresses of Each Officer and/	or Director (Flo	Γ					
Title(s) 1	Name of Officers and/or Directors	Street Address of Each Officer and/or Director			4	ity / State / Zi	و	
PD	MARMION, CHRISTINA A	14801 PALM BEACH BOULEVARD			FORT MYERS FL 33905			
٧	SMITH, SANDRA L	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			
								
					177774.4			
8. Name and Address of Current Registered Agent					9. Name and Address of New Registered Agent			
Name								
SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. Street Address (P.O. Box Number	is Not Acceptable)		
4TH FLOOR Suite, Apt. #, Et								****
MIAMI FL 33145				City		***************************************	State Zip (Code
10. I, being	g appointed the registered agent of the abo	ve named corpo	pration, am familiar wi	th and accept the of	bligations of Secti	on 607.0505, F.S. or 6	17.0505, F.S.	
	25.6.2.5.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1	i				• • • •		
Signature of Registered			ENT MUST SIGN			Date	r (

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

RINTED NAME OF SIGNING OFFICER OR DIRECTOR

on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.



3/5/2004

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 of Revocation that I have received, I am again writing a letter to explain the failure to receive the notices of filing the annual URB report. This again is the second year I have not received the Notices of URB renewal only the Notice of Administrative Dissolution of Revocation. Our office complex has a centralized mail center and I wonder if items are getting lost there. Please change the Suite number from 200 to 201. Enclosed is the payment for the restatement along with the application for restatement. I have also enclosed this years URB fee.

If you need any more information please contact me at the below phone number.

Regards

Cary Machalon

CEO/Basiness Manager