

PLEASE READ ALL INSTRUCTIONS BEFORE COM

FILED
Mar 11, 2002 8:00 am
Secretary of State

**CORPORATION
REINSTATEMENT**



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

DOCUMENT # 09700000 1908

1. Corporation Name

Lincoln Road Marketing, Inc.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

79-02

2. Principal Office Address

407 Lincoln Road

Suite, Apt. #, etc.

Suite 9F, c/o Comras Co.

City & State
Miami Beach, FL

Zip

33139

Country

USA

3. Mailing Office Address

Same

Suite, Apt. #, etc.

Same

City & State
Same

Zip

Same

Country

Same

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

5. FEI Number
65 0749141

☒ **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

Michael Comras

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

407 Lincoln Road

Suite, Apt. #, Etc.

9F

City

Miami Beach

600005145665-7
-03/22/02-01025-01
******420.00 ****420.00**

State

FL

Zip Code

33139

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**

Date **March 5, 2002**

REGISTERED AGENT MUST SIGN

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
CD	Michael Comras	407 Lincoln Road, #9F	Miami Beach, FL 33139
SD	Sherna Brody	1014 Lincoln Road	Miami Beach, FL 33139
TD	Robert Warren	777 41st Street, #430	Miami Beach, FL 33140

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:

Michael Comras

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 5, 2002

Date

305-532-0433

Daytime Phone #