PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 MAR 11 PM 4:10

DOCUMENT # P00000014742

1. Corporation Name

Lincoln Super Stop, Inc

2. Principal Office Address	3. Mailing Office Address
2518 N. Albang Ave	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Tampa FL	City & State
Zip: 33607 Country: DOMC	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number: 59-3628365 ☐ 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: Rifaie Sameer

Street Address (P.O. Box Number is Not Acceptable): 11313 Grandvill Dr

500013910725
03/11/03--01019--004 **30.00

Suite, Apt. #, Etc.

City: Tampa FL | State: FL | Zip Code: 33617

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 _____

REGISTERED AGENT MUST SIGN

CR2E081 (10/02)

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
P	Rifaie, Sameer	11313 Grandvill Dr	Tampa FL 33617

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: _____ 3-5-03 813 503-1287

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Dear Sir

I put my address in this corporation wrong
that why I didnt have the filling form

the Knew address in 2518 N. Alvarge Ave
Tampa Fl 33607 didnt get the 2002 form.

please call my if their any problemat
813 503-1287

I am sending $ 300 for 2002, 2003 filling.

Thank you

Sue

3-5-03