

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 DEC 15 PM 12:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00 000050981

1. Corporation Name

LINTHICOME ENTERPRISES, INC

REINSTATEMENT 03

2. Principal Office Address

2108 3RD AVE

Suite, Apt. #, etc.

3. Mailing Office Address

2108 3RD AVE

Suite, Apt. #, etc.

City & State

CRESTVIEW FL

City & State

CRESTVIEW FL

Zip

32536

Country

USA

Zip

32536

Country

USA

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

MAY 24, 2000

5. FEI Number

59-9654145

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

SPIEGEL & UTRERA, PA

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

343 ALMERIA AVE

Suite, Apt. #, Etc.

City

CORAL GABLES

State

FL

Zip Code

33134

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

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
PSTD	LINTHICOME, ANTHONY J	2108 3RD AVE	CRESTVIEW FL 32536
VP	Rosalee Linthicome	2108 3rd Ave.	Crestview, FL 32536

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:

Anthony J. Linthicome
ANTHONY J. LINTHICOME

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10 DEC 03 (850) 683-1999

Date

Daytime Phone #

CR2E081 (10/02)