

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

09 MAR 16 PM 4:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P00000079797

1. Corporation Name

Le Russ Corporation

2. Principal Office Address - No P.O. Box #

5120 Fairway Oaks Drive

Suite, Apt. #, etc.

3. Mailing Office Address

5120 Fairway Oaks Drive

Suite, Apt. #, etc.

City & State

Windermere

City & State

Windermere

Zip

FL 34786

Country

US

Zip

FL

Country

US

500145935325

03/16/09--01034--019 \*\*1200.00

REINSTATEMENT 06-09

4. Date Incorporated or Qualified  
To Do Business in Florida

08/23/2000

5. FEI Number  
59-3666643

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

W. Russel Christner, JR.

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

5120 Fairway Oaks Drive

Suite, Apt. #, Etc.

City

Windermere

State

FL

Zip Code

34786

☐ The reinstatement fee is imposed, except in  
circumstances which the entity did not receive  
the prior notices. By checking this box, you  
are certifying the prior notices were not  
received and requesting the reinstatement  
fee be waived.

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

*Russel Christner Jr*  
REGISTERED AGENT MUST SIGN

Date 03/13/2009

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
DPTM	Russel W. Christner	5120 Fairway Oaks Drive	Windermere, FL 34786
DVS	Leah A. Christner	5120 Fairway Oaks Drive	Windermere, FL 34786

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 contained in Chapter 119, 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

*Russel Christner Jr*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/13/09 407 9086916

Daytime Phone #