


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED  
09 DEC -7 PM 12:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P01000024250

1. Corporation Name

THE LINDER GROUP, INC.

2067 San Elijo Ave. 2067 San Elijo Ave

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

990 North Amelia Avenue

Suite, Apt. #, etc.

3. Mailing Office Address

990 North Amelia Avenue

Suite, Apt. #, etc.

City & State Cardiff  
San Dimas, California

City & State Cardiff  
San Dimas, California

Zip 92007  
01773

County United States of America

Zip 91773

County United States of America

300163365363  
12/07/09--01016--002 \*\*450.00  
REINSTATEMENT CR2E081 (11/09) 07-09

4. Date Incorporated or Qualified To Do Business in Florida 03/05/2001

5. FEI Number 65-107775

Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$875 Available for Waiver for a Certificate of Status

7. Name and Address of Current Registered Agent

Name Michael L. Feinstein, P.A.

Street Address (P.O. Box Number is Not Acceptable) 888 Las Olas Avenue,

Suite, Apt. #, Etc. Suite 700

City Fort Lauderdale

State FL Zip Code 33301

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 607.0405 or 617.0603, F.S.

Signature of Registered Agent

REGISTERED AGENT MUST SIGN

Date 12/02/2009

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
PD	Linder, Nathan	517 Hermes Avenue	Encinitas, California 92024

10. E-mail Address: NLinder@lgrw-usa.com

(To be used for future annual report notices only)

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. I further certify, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 12/4/09 Daytime Phone #