

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10f2

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000029644

1. Corporation Name

LUNDSTROM DEVELOPMENT SERVICES, INC.

Principal Place of Business

Mailing Address

~~0800 S OCEAN DR #102~~
~~JENSEN BEACH FL 34957~~

~~0800 S OCEAN DR #102~~
~~JENSEN BEACH FL 34957~~

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

782 SE Whitmore Dr.
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

782 SE Whitmore Dr.
Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

03/22/2001

5. FEI Number

65-1101731

Applied For

Not Applicable

City & State

Port St. Lucie, FL

City & State

Port St. Lucie, FL

Zip

34984

Country

USA

Zip

34984

Country

USA

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PT SVD	Christopher M. Lundstrom	782 SE Whitmore Dr Port St. Lucie, FL	Port St. Lucie FL 34984

900008769139
11/04/02--01007--003 **150.00

8. Name and Address of Current Registered Agent

~~LUNDSTROM, CHRISTOPHER M~~
~~0800 S OCEAN DR~~
~~JENSEN BEACH FL 34957~~

9. Name and Address of New Registered Agent

Name
Christopher M. Lundstrom
Street Address (P.O. Box Number is Not Acceptable)
782 SE Whitmore Dr
Suite, Apt. #, Etc.

City
Port St. Lucie

State
FL

Zip Code
34984

CR2E040 (8/02)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 10/26/02

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/26/02 772 468 7235
Date Daytime Phone #

LUNDSTROM

DEVELOPMENT SERVICES



Saturday, October 26, 2002

Division of Corporations
Annual Report/Reinstatement Section
PO Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

We were unaware that an annual corporate requirement was the filing of a report similar to the enclosed. Furthermore, after reading the Application for Reinstatement it appears that the State of Florida has attempted to notify Lundstrom Development Services, Inc. about this requirement at least twice this year. I believe the best explanation for this company not being able to respond is simply that we did not receive the notifications. In fact this company has had to modify its mailing address due to changes in physical location three times, to date this year. We had hoped that by properly and timely filing "change of address" forms with the US Post Office we would be able to avoid an oversight of this nature.

Please accept our Reinstatement Application along with the severely past due fees and our apologies.

Sincerely,

Christopher M. Lundstrom, President
Lundstrom Development Services, Inc.