

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

APPROVED
AND
FILED

02 NOV 21 AM 8:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000033523

1. Corporation Name

BARBARA LANTZ, INC.

Principal Place of Business

5544 COGNAC DRIVE
FT MYERS FL 33919

Mailing Address

5544 COGNAC DRIVE
FT MYERS FL 33919



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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/29/2001

5. FEI Number

65-1107243

Applied For

Not Applicable

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D/P	LANTZ, BARBARA	5544 COGNAC DRIVE	FT MYERS FL 33919
P	LANTZ, BARBARA	5544 Cognac Drive	FT MYERS, FL 33919

800009150018
11/21/02--01066--006 **150.00

8. Name and Address of Current Registered Agent

LANTZ, BARBARA
5544 COGNAC DRIVE
FT MYERS FL 33919

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

Barbara Lantz
REQUIRED
REGISTERED AGENT MUST SIGN

Date

10/20/02

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:

Barbara Lantz
REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/20/02

Daytime Phone #

Barbara Lantz Inc.
5544 Cognac Drive
Ft. Myers, FL 33919

October 28, 2002

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

I am in receipt of a *Certificate of Administrative Dissolution* from the Florida Department of State for failure to file a 2002 corporation annual uniform business report (UBR). This is the first year of incorporation for Barbara Lantz, Inc and I was unaware of the need to file this report. In addition no UBR notices were received.

I am requesting that you waive the reinstatement fee, as the corporation received no UBR notices. Enclosed please find the completed Application for Reinstatement and the UBR filing fee of \$150.00.

Thank you for your assistance with this matter.

Sincerely,

A handwritten signature in cursive script that reads "Barbara Lantz". The signature is written in dark ink and is positioned above the printed name and title.

Barbara Lantz
Director
Barbara Lantz, Inc.