

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

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

FILED

02 DEC 11 PM 1:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P01000054032**

1. Corporation Name

LESSNER ASSOCIATES, INC.

Principal Place of Business

**7920 SUMMER LAKE CT
FT MYERS FL 33907**

Mailing Address

**7920 SUMMER LAKE CT
FT MYERS FL 33907**

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

05/24/2001

5. FEI Number

65-1119659

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
DPST	LESSNER, GARY S	7920 SUMMER LAKE CT	FT MYERS FL 33907

000009476890
12/12/02--01022--005 **150.00

8. Name and Address of Current Registered Agent

**MURTY, TIMOTHY J
1633 PERIWINKLE WAY, STE A
SANIBEL FL 33957**

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

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 **11-18-02**

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

12/4/02
Date

239-433-0669
Daytime Phone #

CR2E040 (8/02)

Lessner Associates, Inc.

7920 Summer Lake Ct., Fort Myers, FL 33907

Phone: 239-433-0669 Fax: 239-433-1366 Email: taangary@aol.com

December 5, 2002

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

Re: Lessner Associates, Inc., Document Number: P01000054032

To Whom It May Concern:

Enclosed please find our completed Application for Reinstatement for Lessner Associates, Inc.


I am enclosing a check for \$150.00 (one hundred and fifty dollars) as stated in the "Important Facts" section of the Reinstatement Application packet. We did not receive any earlier UBR notices prior to receiving the Dissolution notice.

Therefore, I respectfully request that the corporate status of Lessner Associates, Inc. be reinstated.

Please call me if there are any problems or questions regarding this: 239-433-0669.

Thank you for your attention to this matter.

Sincerely,



Gary Lessner
President