

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
03 NOV 18 AM 8:00

DOCUMENT # P01000066374

1. Corporation Name

LinVin Enterprises, Inc.

**REINSTATEMENT** 03

2. Principal Office Address

2168 Jog Road

3. Mailing Office Address

10 Commodore Place

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

West Palm Beach, Fl.

City & State

West Palm Beach, Fl.

Zip

33415

Country

USA

Zip

33418

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

2001

5. FEI Number

65-1123641

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

Vincent T. Pytlinski

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

10 Commodore Place

Suite, Apt. #, Etc.

City

Palm Beach Gardens

State

FL

Zip Code

33418

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

REGISTERED AGENT MUST SIGN

Date November 10, 2003

**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
P/Sec	Linda L. Pytlinski	10 Commodore Place	Palm Beach Gardens, Fl. 33418
EVP/Tr	Vincent T. Pytlinski	10 Commodore Place	Palm Beach Gardens, Fl. 33418
Dir	Scott Meyers	2618 Marsinski Road	Jupiter, Fl. 33477

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 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:

Vincent Pytlinski

11/10/2003 561-296-1600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)