


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
02 MAY -3 PM 6:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000068198

1. Corporation Name
Lindstores, Inc.

2. Principal Office Address
15706 SW 26th Street

Suite, Apt. #, etc.

3. Mailing Office Address
15706 SW 26th Street

Suite, Apt. #, etc.

City & State
Miramar FL

City & State
Miramar FL

Zip Country
33027 USA

Zip Country
33027 USA

4. Date Incorporated or Qualified To Do Business in Florida --9/01

5. FEI Number 65-118321

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 Mildred Johnson

Street Address (P.O. Box Number is Not Acceptable)
1910 NW 152nd Street

Suite, Apt. #, Etc.

City Miami

State FL Zip Code 33054

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-05/16/02--0103--006
****150.00 ***150.00

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 Mildred Johnson Date 5/1/02

REGISTERED AGENT MUST SIGN

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
Pres.	<u>Wilett Lindsay</u>	<u>15706 SW 26th Street</u>	<u>Miramar FL 33027</u>

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: Wilett Lindsay Wilett Lindsay Date 5/11/02 (305) 687-3600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR President Date Daytime Phone #

CR2E081 (9/01)