

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 NOV -5 PM 12:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000100504

1. Corporation Name

LMR OF WINDERMERE, INC.

Principal Place of Business

2607 CORAL STONE CT.
WINDERMERE FL 34786

Mailing Address

2607 CORAL STONE CT.
WINDERMERE FL 34786

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

10/15/2001

5. FEI Number

59-3752140

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
PTD	REAGAN, JAMES	2607 CORAL STONE CT.	WINDERMERE FL 34786
VSD	DOERK, RUSSELL J	P. O. BOX 691329	ORLANDO FL 32689

300008769763
11/04/02--01010--005 **150.00

8. Name and Address of Current Registered Agent

REAGAN, JAMES
2607 CORAL STONE CT.
WINDERMERE FL 34786

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

CP2E040 (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

10/28/02

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

Date

Daytime Phone #

10/28/02 407-944-9401

CHASTANG, FERRELL, SIMS & EISERMAN, L.L.C.

Certified Public Accountants & Consultants

A member of



Northern Trust Building
Suite 285
4001 Tamiami Trail North
Naples, Florida 34103
Tel.: (941) 643-1901
Fax: (941) 643-9808

1400 W. Fairbanks Ave.
Suite 102
Winter Park, Florida 32789
Tel.: (407) 629-1944
Fax: (407) 740-0671

Celebration Place IV
Suite 170
215 Celebration Place
Celebration, Florida 34747
Tel.: (321) 939-0915
Fax: (321) 939-0918

Please reply to Winter Park

October 23, 2002

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

Re: LMR of Windermere, Inc..
59-3752148

To Whom It May Concern:

Please find enclosed a check in the amount of \$150 representing payment of the 2002 Uniform Business Report fee. We respectfully request that your office grant a one-time waiver of the reinstatement fee. Please note that the client will take the necessary steps to ensure the Uniform Business Report is filed by May 1st in future years.

Thank you and if you have any questions please do not hesitate to contact our office.

Sincerely,

A handwritten signature in black ink, appearing to read "Marni J. Spence".

Marni J. Spence

MJS: aw

Enclosures
as stated

Email: cfse@cfsecpa.com

NEXIA International is a worldwide association of independent accounting firms