

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 JUL 14 PM 2:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000039736**

1. Corporation Name

**LENNOX PLASTERING AND REMODELING,
INC**

2. Principal Office Address

16850 NW 18th AVENUE

Suite, Apt. #, etc.

3. Mailing Office Address

16850 NW 18th AVENUE

Suite, Apt. #, etc.

City & State

MIAMI GARDENS, FL

City & State

MIAMI

Zip

33056

Country

BROWARD

Zip

33056

Country

DADE

4. Date Incorporated or Qualified
To Do Business in Florida

04.11.02

5. FEI Number

02-0622869

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

LENNOX A. BROWN

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

16850 NW 18th AVENUE

Suite, Apt. #, Etc.

City

MIAMI GARDENS,

State

FL

Zip Code

33056

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

Lennox Brown

Date

7.12.05

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
P/S	LENNOX A. BROWN	16850 NW 18 th AVENUE	MIAMI GARDENS, FL 33056

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:

Lennox Brown

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7.12.05

Date

954-665-8761

Daytime Phone #

CR2E081 (01/05)

LENNOX PLASTERING AND REMODELING INC
16850 NW 18th AVENUE
MIAMI GARDENS, FL 33056

July 12, 2005

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

Ref: Reinstatement of Corporation Doc. # P02000039736

To Whom It May Concern:

My name is Lennox Brown and I am the owner of Lennox Plastering And Remolding Inc. This corporation was formed on April 11, 2002.

I was not aware that the corporation should be renewed on an annual basis, even until today the company has not received any notice from the Department of State to renew the annual report. An accountant is now hired by our company. The accountant has reviewed our records and informed us that the corporation needs to be reinstated.

Enclosed are three years of annual report fee to reinstate this corporation. Please waive the reinstatement fee. Thank you for your understanding in this matter.

Please feel free to contact me at the above address with any questions.

Sincerely


Lennox Brown