

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 JUN 25 AM 3:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000113348

1. Corporation Name

LINSTELLE CORPORATION

2. Principal Office Address

500 S. Washington Blvd.

Suite, Apt. #, etc.

City & State

Sarasota, Florida

Zip

34236

Country

U.S.A.

3. Mailing Office Address

500 S. Washington Blvd.

Suite, Apt. #, etc.

City & State

Sarasota, FL

Zip

34236

Country

U.S.A.

**4. Date Incorporated or Qualified
To Do Business in Florida** October 21, 2002

5. FEI Number
65-0204497

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

Linda Pawloski

Street Address (P.O. Box Number is Not Acceptable)
6604 29 Ave. W

Suite, Apt. #, Etc.

City

Bradenton

State

FL

Zip Code

34209

000038283570
06/25/04--01051--010 **750.00
000038283570
06/25/04--01051--011 **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**

Linda Pawloski

Date

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
D	Linda Pawloski	6604 29th Avenue W.	Bradenton, Florida 34209

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:

Linda Pawloski
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

6/24/2004

Daytime Phone #

941-794-5260

CR2E081 (01/04)