

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H09000060854 3)))



H090000608543ABC%

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850)617-6384

From:
Account Name : BUSINESS FILINGS
Account Number : 105256001620
Phone : (608)827-5300
Fax Number : (608)827-5501

CORPORATION REINSTATEMENT

LISE FINE ART INC.

Certificate of Status	0
Certified Copy	0
Page Count	2
Estimated Charge	\$1,350.00

Electronic Filing Menu

Corporate Filing Menu


Help

H090000608543

Page 1 of 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



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

DOCUMENT # P03000086356

1. Corporation Name
Lise Fine Art Inc.

2. Principal Office Address
9 Harbourside Lane

3. Mailing Office Address
9 Harbourside Lane

Suite, Apt. #, etc.

City & State
Hilton Head Island, SC

City & State
Hilton Head Island, SC

Zip 29928 **Country** USA

Zip 29928 **Country** USA

FILED
09 MAR 16 AM 8:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 05-09

4. Date Incorporated or Qualified To Do Business in Florida 8/6/2003

5. FEI Number 65-1201217 **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 Business Filings Incorporated

Street Address (P.O. Box Number is Not Acceptable) 1203 Governors Square Blvd.

Suite, Apt. #, Etc. Ste. 101

City Tallahassee **State** FL **Zip Code** 32301-2960

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 M. Williams **Date** 3-13-09

REGISTERED AGENT MUST SIGN Business Filings Incorporated, Mark Williams, AVP

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
Director	Richard Riverin	9 Harbourside Lane	Hilton Head Island, SC 29928
President	Richard Riverin	9 Harbourside Lane	Hilton Head Island, SC 29928
VP	Richard Riverin	9 Harbourside Lane	Hilton Head Island, SC 29928
Sec.	Richard Riverin	9 Harbourside Lane	Hilton Head Island, SC 29928
Treas.	Richard Riverin	9 Harbourside Lane	Hilton Head Island, SC 29928

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: Richard Riverin **Richard Riverin, President** **Date** 03/10/2009 **Daytime Phone #**

H090000608543

CC 3/17