

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1/2

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P03000115418

1. Corporation Name

Lean Breakthru, Inc.

2. Principal Office Address - No P.O. Box #

901 SW Martin Downs Blvd

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Palm City, FL

City & State

Zip
34990

Country
USA

Zip

Country

REINSTATEMENT

CR2E081 (1/07)

4. Date Incorporated or Qualified
To Do Business in Florida

10/16/2003

5. FEI Number

90-0198570

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
Steven J. Clark

Street Address (P.O. Box Number is Not Acceptable)
901 SW Martin Downs Blvd

Suite, Apt. #, Etc.

City
Palm City, FL

State
FL

Zip Code
34990

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Date 9/06/2007

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	Wayne Poerio	132 Magnolia Way	Jupiter, FL 33469
VP	Grace J. Torres	132 Magnolia Way	Jupiter, FL 33469
S	Steven J. Clark	901 SW Martin Downs Blvd	Palm City, FL 34990
D	Rick Stumpf	901 SW Martin Downs Blvd	Palm City, FL 34990

500109269345
09/10/07--01041--011 **\$600.00

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 contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/06/2007

Date

561-301-6923

Daytime Phone #

2/2

June 28th, 2004

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

RE: Lean Breakthru, Inc.
90-0198570
P03000115418

Dear Sir or Madam:

Enclosed you will find a copy of my Corporate Reinstatement form for Lean Breakthru, Inc. I am the Sole owner of Lean Breakthru, Inc. To my knowledge I have never received any forms from the state concerning my annual report. I was unaware that I had missed this mailing, as I never received the forms. I have no desire to avoid this fee; I simply did not receive the form to file. I was opening a new account for my corporation with my bank when they pointed this out to me and I have addressed it as quickly as I could. I would request in light of the fact that I never received my forms that you abate my penalties and accept my check in the amount of \$600.00 for the 2004, 2005, 2006 & 2007 reports. I can assure you that this even will not re-occur. I thank you in advance for your cooperation.

Sincerely,

A handwritten signature in black ink, appearing to read "Wayne Poerio", written in a cursive style.

Wayne Poerio
President
Lean Breakthru, Inc.