

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
 12 MAR - 6 PM 3:36
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # P03000143278

1. Corporation Name
Lennon Group Inc.

2. Principal Office Address - No P.O. Box #
1019 Homewood Ave.

3. Mailing Office Address
same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Melbourne, Fl.

City & State

Zip
32940

Country
USA

Zip

Country

CR2E081 (11/10)

4. Date Incorporated or Qualified To Do Business in Florida **3-12-2002**

5. FEI Number
01-0628-047

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
Bradley E. Lennon

Street Address (P.O. Box Number is Not Acceptable)
1019 Homewood Ave.

Suite, Apt. #, Etc.

City
Melbourne

State Zip Code
FL 32940

500223962665
03/06/12--01029--028 **1050.00

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 *Bradley E. Lennon* **Bradley E. Lennon** Date **2-29-2012**
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
Pres.	Bradley E. Lennon	1019 Homewood Ave.	Melbourne, Fl. 32940
Sec.	Veronica M. Lennon	same	same
	EXAMINER		
	2012 FEB		
	S. HAWKES		
			REINSTATEMENT
			2010-12

10. E-mail Address: **lengroup@cfl.rr.com**

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: *Bradley E. Lennon* **Bradley E. Lennon** Date **2-29-2012** 321 446 5224
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #