

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 NOV 23 PM 2:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

600162644126
11/09/09--01060--026 **1058.75

DOCUMENT # P03000154044

1. Corporation Name

Lehman Construction INC

REINSTATEMENT 0709

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

1591 16th Ave SW

Suite, Apt. #, etc.

3. Mailing Office Address

1591 16th Ave SW

Suite, Apt. #, etc.

City & State

Naples, FL

Zip

34117

Country

USA

City & State

Naples, FL

Zip

34117

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

12/19/2003

5. FEI Number

2005-04190

☐ 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

Arthur C Lehman

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

1591 16th Ave SW

Suite, Apt. #, Etc.

Naples

City

Naples

State

FL

Zip Code

34117



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 section 617.0503, F.S.

Signature of
Registered Agent

Arthur C Lehman
REGISTERED AGENT MUST SIGN

Date **11/03/2009**

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
S	Roxann P Lehman	1591 16th Ave SW	Naples, FL 34117
V	Roxann P Lehman	1591 16th Ave SW	Naples, FL 34117
D	ARTHUR C LEHMAN JR	1591 16th Ave SW	Naples, FL 34117
P	ARTHUR C LEHMAN JR	1591 16th Ave SW	Naples, FL 34117
T	ARTHUR C LEHMAN JR	1591 16th Ave SW	Naples, FL 34117

10. E-mail Address: **RLEHMAN578@AOL.COM**

(To be used for future annual report notifications)

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided 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. 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Arthur C Lehman Jr.

Date

11-3-09

Daytime Phone#