

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2007 JUL 16 PM 5:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

300106209013
07/16/07--01071--016 **900.00

REINSTATEMENT 06-07
CR2E081 (1/07)

DOCUMENT # P04000043369

1. Corporation Name

Russ Lee Inc.

2. Principal Office Address - No P.O. Box #
6917 Oldgate CIR

3. Mailing Office Address
6917 Oldgate CIR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
New Port Richey, FL

City & State
New Port Richey, FL

Zip
34655

Country
USA

Zip
34655

Country
USA

4. Date Incorporated or Qualified To Do Business in Florida **03/03/2004**

5. FEI Number
200662582

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
William Lee IV

Street Address (P.O. Box Number is Not Acceptable)
6917 Oldgate CIR

Suite, Apt. #, Etc.

City
New Port Richey, FL

State
FL

Zip Code
34655

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

William Lee IV

Date **07/09/2007**

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
D	William Lee IV	6917 Oldgate CIR	New Port Richey, FL 34655

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:

William Lee IV

William Lee IV

07/09/2007

727-255-1875

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/18 aw