

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
AND
FILED

08 FEB 13 PM 3:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LY
2.14.08

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 905000021249

1. Corporation Name

Lecardi Inc

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

2020 Hamilton Ave

Suite, Apt. #, etc.

City & State

Jennings, Florida

Zip

32053

Country

Hamilton

3. Mailing Office Address

2020 Hamilton Ave

Suite, Apt. #, etc.

City & State

Jennings, Florida

Zip

32053

Country

Hamilton

REINSTATEMENT 06-08

4. Date Incorporated or Qualified
To Do Business in Florida P05000021249

5. FEI Number
20-2311048

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

ANNA CHRISTOPHER

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

5969 NW 44th Street

Suite, Apt. #, Etc.

City

Jennings,

State

FL

Zip Code

32053

☒ 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

Anna Christopher
REGISTERED AGENT MUST SIGN

Date 2-11-08

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	ANNA CHRISTOPHER	5969 NW 44th Street	Jennings, Florida 32053
S	LYNETTE SANDERS	5052 HAMMOCK TRAIL	LAKE PARK, GA 31636

100117963481
02/13/08--01028--014 **450.00

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:

Anna Christopher pres.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-11-08

Date

386-938-2224

Daytime Phone #