

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 707000022932

1. Corporation Name

THE LINO COMPANY OF SPRING HILL, INC

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

7282 CRYSTAL SPRING RUN
Suite, Apt. #, etc.

8483 ANNAPOLIS RD

City & State

SPRING HILL, FL

Zip 34608

Country

US

3. Mailing Office Address

SAME
Suite, Apt. #, etc.

City & State

Zip

Country

USA

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

2-21-2007

5. FEI Number

20-8960664

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

JEFFREY R. HOGAN

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

7282 CRYSTAL SPRING RUN

Suite, Apt. #, Etc.

City

SPRING HILL

State

FL

Zip Code

34607

☒ 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

Jeffrey R. Hogan

REGISTERED AGENT MUST SIGN

Date 12-21-09

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
<u>Pres</u>	<u>JEFFREY R. HOGAN</u>	<u>7282 CRYSTAL SPRING RUN</u>	<u>SPRING HILL, FL 34607</u>

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:

JEFFREY R. HOGAN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-21-09

Date

352-585-2126

Daytime Phone #

FILED
09 DEC 30 AM 10:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 09

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12/30/09--01042--008 **150.00

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