

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P12000096067

1. Corporation Name

Lindburgers Wellington, Inc.

2. Principal Office Address - No P.O. Box #
13860 Wellington Trace

3. Mailing Office Address
13860 Wellington Trace

Suite, Apt. #, etc.
32,33

Suite, Apt. #, etc.
32,33

City & State
Wellington, Florida

City & State
Wellington, Florida

Zip Country
33414 USA

Zip Country
33414 USA

FILED
14 JAN -2 PM 2:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
REINSTATEMENT

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida
January 1, 2013

5. FEI Number
46-1451913

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
Mark Meyers

Street Address (P.O. Box Number is Not Acceptable)
509 North Country Club Drive

Suite, Apt. #, Etc.

City
Atlantis

State Zip Code
FL 33462

200255167232
01/02/14--01012--017 **750.00

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

REGISTERED AGENT MUST SIGN

Date 12/30/13

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	Mark meyers	509 North Country Club Drive	Atlantis, Fl. 33462
VP	Jeri Ann Meyers	6055 Wedgewood Village Circle	Lake Worth, Fl. 33463
Sec	Kimberly Meyers	509 North Country Club Drive	Lake Worth, Fl. 33462

JAN -2 2014
WILLIAMS

10. E-mail Address: info@lindburgers.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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/30/12

561-951-0797

Daytime Phone #