

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING **APPROVED AND FILED**

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

1996 DEC 20 AM 10:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P9300006072

1 Corporation Name
Lips Of Oneco, Inc.

Principal Place of Business Mailing Address
5715 15th Street E. P.O. Box 1362
Sarasota, FL 34230 Sarasota, FL 34230

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable
1400 Central Ave.

3. New Mailing Address, If Applicable
1400 Central Ave.

4. Date Incorporated or Qualified
To Do Business in Florida
January 21, 1993

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number
65-0383235

Applied For
Not Applicable

City & State
Sarasota, FL

City & State
Sarasota, FL

Zip Country
34236 USA

Zip Country
34236 USA

6. CERTIFICATE OF STATUS DESIRED ☐ \$38.75 - Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
P-ST D	Tim Lampman	1400 Central Ave.	Sarasota, FL 34236
			100002036731--3 -12/24/96--01067--012 ***\$575.00 ***\$575.00

REINSTATEMENT

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Tim Lampman
5715 - 15th Street E.
Sarasota, FL 34230

Name
Tim Lampman
Street Address (P.O. Box Number is Not Acceptable)
1400 Central Avenue
Suite, Apt. #, Etc.

City State Zip Code
Sarasota FL 34236

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent **TIM LAMPMAN, President**

Date 12/18/96

REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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. 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: **Tim Lampman**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/18/96
Date

941-954-5100
Daytime Phone #

CR2040 (12/95)