

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT -3 AM 8:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000020756**

1. Corporation Name

LAMPIDIS PROPERTIES, INC.

REINSTATEMENT 09-03

700023549607
10/03/03--01069--030 **1358.75

2. Principal Office Address

5101 N. FEDERAL HWY.

Suite, Apt. #, etc.

3. Mailing Office Address

302 S. LAKE DR.

Suite, Apt. #, etc.

City & State

BOCA RATON FL 33487

City & State

LANTANA FL.

Zip

33487

Country

U.S.A

Zip

33462

Country

U.S.A

4. Date Incorporated or Qualified
To Do Business in Florida

03/16/93

5. FEI Number

650399199

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

MICHAEL HANRATTY

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

302 S. LAKE DRIVE.

Suite, Apt. #, Etc.

City

LANTANA

State

FL

Zip Code

33462

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

Michael J. Hanratty
REGISTERED AGENT MUST SIGN

Date

9/29/03

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
PD	MICHAEL HANRATTY	302 S. LAKE DR.	LANTANA FL 33462

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 under section 119.07(3)(i), 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

Michael J. Hanratty
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

9/29/03

Daytime Phone #

561 997 6065

CR2E081 (10/02)