

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



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

99 FEB 19 11 08:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000026931**

1. Corporation Name

LINTON FINANCE CORPORATION

Principal Place of Business

Mailing Address

401 EAST LINTON BLVD.
APT. 274
DELRAY BEACH FL 33483

401 EAST LINTON BLVD.
APT. 274
DELRAY BEACH FL 33483



REINSTATEMENT 08-99

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

04/09/1993

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0410525

Applied For

Not Applicable

City & State

City & State

6.

CERTIFICATE OF STATUS DESIRED

\$8.75 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	CONOVER, DOROTHY	401 EAST LINTON BLVD. APT. 274	DELRAY BEACH FL 33483

200002785692-9
-02/24/99--01070--008
900.00 *900.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MENENDEZ, ALEX
44 WEST FLAGLER ST.
SUITE 2050
MIAMI FL 33130

Name **Menendez, Alex**
Street Address (P.O. Box Number is Not Acceptable)
301 Yamato Road
Suite, Apt. #, Etc
4150
City
Boca Raton

State **FL** Zip Code **33431**

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

[Handwritten Signature]

REGISTERED AGENT MUST SIGN

Date **12/16/98**

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes No

(See other side for information on intangible tax.)

12. 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:

[Handwritten Signature: Dorothy B. Conover]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **12/26/98**

Division File #

CR2E00 (9/98)