

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
*Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

99 NOV 15 AM 9:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000032252**

1. Corporation Name

NEW LENOX INDUSTRIES, INC.

Principal Place of Business

20359 E PENNSYLVANIA AVE STE E
DUNNELLO FL 34432
US

Mailing Address

20359 E. PENNSYLVANIA AVE
SUITE E
DUNNELLO FL 34432

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

05/03/1993

5. FEI Number

59-3197724

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$875. A fee of \$875 is required for each 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	4 City / State / Zip
DPST	BARNES, F. MICHAEL	20359 E. PENNSYLVANIA AVE.	DUNNELLO FL 34432

600003063406--1
12/07/99 01002 005
***750.00 ***750.00

8. Name and Address of Current Registered Agent

MIKE BARNES
20359 E. PENNSYLVANIA AVENUE
SUITE E
DUNNELLO FL 34432

9. Name and Address of Registered Agent

Name
Street Address (P.O. Box is Not Acceptable)
Suite, Apt. #
City

State
FL Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0605, F.S.

Signature of
Registered Agent

[Signature]
REQUIRED
REGISTERED AGENT MUST SIGN

Date 11-12-99

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., 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:

[Signature] **MIKE BARNES, CEO** 11-12-99 352-499-7354
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #