

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LMN 365

96-97 AR

page 1 of 2

APPLICATION FOR REINSTATEMENT  
FLORIDA DEPARTMENT OF STATE  
Sally A. Matham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

97 MAR 28 AM 11:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 93000074946

1. Corporation Name

LMN, INC.

Principal Place of Business

3300 South Hiawassee Road  
Suite 107  
Orlando, FL  
32835

Mailing Address

3300 South Hiawassee Road  
Suite 107  
Orlando, FL  
32835

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

10/28/1993

5. FEI Number

59-3211233

Applied For

Not Applicable

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
	<del>Chira, Lee</del>		
	<del>Orlando, FL 32835</del>		
D	Chira, Lee	3300 South Hiawassee Rd. #107	Orlando, FL 32835

500002127895--2  
03/28/97 01144-008  
\*\*\*\*365.00 \*\*\*\*365.00

8. Name and Address of Current Registered Agent

Williams, Warren E.  
28 W. Central Blvd.  
P.O. Box 3444  
Orlando, FL 32802

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

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 607.0505, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date

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 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: X

Lee Chira

3/24/97

407/297-1600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (12/96)

page 2062

# Lee Chira & Associates

3300 SOUTH HIAWASSEE ROAD • ASHLEY PARK • SUITE 107 • ORLANDO, FL 32835-8331 • TELEPHONE 407/297-1800 • FAX 407/297-0480

March 24, 1997

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Atten: Leslie Sellers

Re: LMN, Inc.

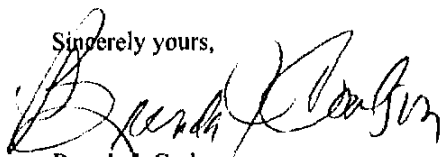
Dear Ms. Sellers:

Pursuant to our telephone conversation this date, please find enclosed our reinstatement application for the above listed corporation, a copy of the 1995 renewal showing the correct address information, and our check in the amount of \$365.00 representing the renewal fee for 1996 and the renewal fee for 1997.

As you requested, this cover letter is being sent to inform you that the state was responsible for the error in the change of address resulting in this corporation being dissolved. Therefore, we are not liable for the reinstatement fees.

Thank you for your assistance in this matter.

Sincerely yours,



Brenda J. Carlson  
Administrative Assistant  
Lee Chira & Associates

BJC/b  
Encl;