

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **PA400000749K**

1. Corporation Name

Lingerfeldt-Morris, Inc.

2. Principal Office Address

1412 S.W. 34th Avenue

Suite, Apt. #, etc.

Coral Gate Prof. Plaza

City & State

Deerfield Beach, FL

Zip

33442

Country

U.S.A.

3. Mailing Office Address

same

Suite, Apt. #, etc.

City & State

REINSTATEMENT

2000

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-0466943

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

Paul E. Lingerfeldt

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

1412 S.W. 34th Avenue

Suite, Apt. #, Etc.

Coral Gate Professional Plaza

City

Deerfield Beach,

State
FL

Zip Code
33442

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

Paul E. Lingerfeldt

REGISTERED AGENT MUST SIGN

Date **11-25-00**

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
D,P	Paul E. Lingerfeldt	1412 S.W. 34th Avenue	Deerfield Beach, FL 33442
D,VP	Richard Morris	1412 S.W. 34th Avenue	Deerfield Beach, FL 33442

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:

Paul E. Lingerfeldt
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-25-00
Date

(954) 427-3076
Daytime Phone #

CR2E081 (9/99)