

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P94000027678

**1. Corporation Name**

L Inspiration Inc.

12346 Anglers Cove  
15880 Summerlin Rd.

**2. Principal Office Address**

12346 Anglers Cove

Suite, Apt. #, etc.

City & State

Ft. Myers, Florida

Zip

33908

Country

USA

**3. Mailing Office Address**

15880 Summerlin Rd.

Suite, Apt. #, etc.

300-126

City & State

Ft. Myers, Florida

Zip

33908

Country

USA

**4. Date Incorporated or Qualified  
To Do Business in Florida**

04-12-94

**5. FEI Number**

65-0480910

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

Linda D. Somers

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

12346 Anglers Cove

Suite, Apt. #, Etc.

City

Fort Myers

State

FL

Zip Code

33908

**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

*Linda D. Somers*

REGISTERED AGENT MUST SIGN

Date 11/03/04

**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
Pres.	Linda D. Somers	12346 Anglers Cove	Fort Myers, Fl. 33908
CEO	Linda D. Somers	12346 Anglers Cove	Fort Myers, Fl. 33908
Secy	Linda D. Somers	12346 Anglers Cove	Fort Myers, Fl. 33908
Treas.	Linda D. Somers	12346 Anglers Cove	Fort Myers, Fl. 33908

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**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:

*Linda D. Somers* LINDA D. SOMERS  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
RESIDENT

11/3/04

Date

839 433 1698

Daytime Phone #

CR25081 (01/04)