

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

97 APR 10 AM 11:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000041549**

1. Corporation Name

LINDYCO PRODUCTS COMPANY INC.
4537 APPALOOSA STREET
WEST PALM BEACH, FL 33417

Principal Place of Business

Mailing Address

4537 APPALOOSA STREET
WEST PALM BEACH, FL 33417

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

2. New Principal Office Address, If Applicable

4537 APPALOOSA STREET

Suite, Apt. #, etc.

City & State

WEST PALM BEACH, FL

Zip

Country

33417

3. New Mailing Office Address, If Applicable

4537 APPALOOSA STREET

Suite, Apt. #, etc.

City & State

WEST PALM BEACH, FL

Zip

Country

33417

4. Date Incorporated or Qualified
To Do Business in Florida

10/20/94

5. FEI Number

65-0636530

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P	NORRIS LINDSEY	4537 APPALOOSA STREET	WEST PALM BEACH, FL 33417
S/T	MATTIE LINDSEY	4537 APPALOOSA STREET	WEST PALM BEACH, FL 33417
			500002139235--7 -04/10/97--01055--017 ****923.75 ****923.75
			JB4-10-97

8. Name and Address of Current Registered Agent

NORRIS LINDSEY
4537 APPALOOSA STREET
WEST PALM BEACH, FL 33417

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

Norris Lindsey

REGISTERED AGENT MUST SIGN

Date

4/9/97

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Norris Lindsey NORRIS LINDSEY 4/9/97 (21) 40-7370

Day

Daytime Phone #