

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 AUG 29 AM 8:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000049440

1. Corporation Name

Lioness International Corporation of
S.W. Florida, Inc.

2. Principal Office Address

12994 Beacon Cove Lane

Suite, Apt. #, etc.

State

Fort Myers, FL

Zip
33919

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT

98-03

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

6/29/94

5. FEI Number

04-2776397

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

William R. Smith

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

8191 College Parkway

Suite, Apt. #, Etc.

#204

City

Fort Myers

State

FL

Zip Code

33919

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

William R. Smith

REGISTERED AGENT MUST SIGN

Date

8/6/03

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/S/T	Kascsak, Joyce A.	12994 Beacon Cove Lane	Fort Myers, FL 33919
D/T	Kascsak, Paul	12994 Beacon Cove Lane	Fort Myers, FL 33919

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

Joyce Kascsak (Pres)

Date

8/20/03

Daytime Phone #