PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 OCT 15 AM 8:00

100016325111
10/22/03--01017--025 **15.00

REINSTATEMENT 97-03

100016325111
04/19/03--01058--010 **1050.00 MRS

DOCUMENT # P95000021088

1. Corporation Name
Lindenberg & Associates, Inc.

2. Principal Office Address	3. Mailing Office Address
1922 Exeter RD	same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Germantown, TN	
City & State	City & State
Germantown, TN	
Zip: 38138 Country: Shelby	Zip: Country:

4. Date Incorporated or Qualified To Do Business in Florida: 1-1-95

5. FEI Number: 59-3259470 ☐ 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: ~~Tamarin Lindenberg~~ William Kalish

Street Address (P.O. Box Number is Not Acceptable): ~~1922 Exeter Road Suite 40~~ 100 South Ashley Drive

Suite, Apt. #, Etc.: Suite 1500

City: ~~Germantown, TN~~ Tampa State: FL Zip Code: 33601-~~3813~~ 3273

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 Kalish Date: 9/15/03
REGISTERED AGENT MUST SIGN

CR2E081 (10/02)

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	Tamarin Lindenberg	1922 Exeter Rd, Suite 40	Germantown TN 38138
V-P	Thom Lindenberg	1922 Exeter Rd, Suite 40	Germantown TN 38138

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: Tamarin Lindenberg Attorney 4-7-03 Date 901 526-0431 Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR TN 9686