

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 FEB 26 AM 8:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 795000023094

1. Corporation Name

Lenit Real Estate, Inc.

2. Principal Office Address

5044 SE Horseshoe Point Road

Suite, Apt. #, etc.

3. Mailing Office Address

5044 SE Horseshoe Point Road

Suite, Apt. #, etc.

City & State

Stuart Florida

City & State

Stuart Florida

Zip

34997

Country

USA

Zip

34997

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

4-22-95

5. FEI Number

65-0573072

☒ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$575 Additional Fee required
for a Certificate of Status

01-03 UBR

7. Name and Address of Current Registered Agent

Name

Reid Lenit

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

5044 SE Horseshoe Point Road

Suite, Apt. #, Etc.

City

Stuart

State
FL

Zip Code
34997

500013990675
03/12/03--01043--022 **450.00

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

[Signature]

Date 2-25-03

REGISTERED AGENT MUST SIGN

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
<u>P, T, S</u> <u>C.</u>	<u>Reid Lenit</u>	<u>5044 SE Horseshoe Point Road</u>	<u>Stuart FL 34997</u>

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:

[Signature] Reid Lenit
President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-25-03

Date

772-221-2424

Daytime Phone #

CR2E081 (10/02)