

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR REINSTATEMENT**



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

MAY 21 PM 3:21

STATE OF FLORIDA

DOCUMENT # **P95000049904**

1. Corporation Name  
**LEMCO, INC.**

Principal Place of Business

Mailing Address

~~2624 S.E. IBIS AVE.  
 PORT ST. LUCIE FL 34952~~

~~2624 S.E. IBIS AVE.  
 PORT ST. LUCIE FL 34952~~



**REINSTATEMENT 96-99**

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

2. New Principal Office Address, If Applicable  
**127 N.W. 13 TH STREET**

3. New Mailing Office Address, If Applicable  
**127 N.W 13th STREET**

4. Date Incorporated or Qualified To Do Business in Florida  
**06/27/1995**

Suite, Apt. #, etc.  
**SUITE # 2**

Suite, Apt. #, etc.  
**SUITE # 2**

5. FEI Number  
**65-0590024**

Applied For  
 Not Applicable

City & State  
**BOCA RATON, FL**  
 Zip  
**33432** Country

City & State  
**BOCA RATON, FL**  
 Zip  
**33432** Country  
**USA**

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	LASATER, MARVIN G	<del>2624 S.E. IBIS AVE.</del> 127 N.W. 13 th # 2	<del>PORT ST. LUCIE FL 34952</del> BOCA RATON, FL 33432
VD	STIPO, JOHN A	<del>2624 S.E. IBIS AVE.</del> 127 N.W. 13 TH # 2	<del>PORT ST. LUCIE FL 34952</del> BOCA RATON, FL 33432
STD	STIPO, DANA M	<del>2624 S.E. IBIS AVE.</del> 127 N.W. 13th # 2	<del>PORT ST. LUCIE FL 34952</del> BOCA RATON, FL 33432

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 -06/02/99--01067--009  
 \*\*\*1208.75 \*\*\*1208.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD  
 343 ALMERIA AVENUE  
 CORAL GABLES FL 33134

Name **Spiegel & Utrera, P.A.**

Street Address (P.O. Box Number Is Not Acceptable)  
**343 Almeria Avenue**

Suite, Apt. #, Etc.

City **Coral Gables**

State **FL** Zip Code **33134**

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 **By: Natalia Utrera, Vice President**

Date **17 MAY 1999**

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)(j), 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: **MARVIN G. LASATER**

**17 MAY 99 561-395-0600**

Date Daytime Phone F

CR2EG40 (7/96)