

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 JAN 26 PM 1:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P96000021391

1. Corporation Name

LIPTON INSURANCE EXAMS, INC.

Principal Place of Business

221 DELTA COURT, STE. 3  
TALLAHASSEE FL 32303

Mailing Address

221 DELTA COURT, STE. 3  
TALLAHASSEE FL 32303

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

03/08/1996

5. FEI Number

59-3373752

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 3	City / State / Zip 4
P	LIPTON, BESS	221 DELTA COURT, STE. 3	TALLAHASSEE FL 32303
S	LIPTON, RON	7021 SPENCER DR	TALLAHASSEE FL

800028228748  
02/05/04--01015--012 \*\*150.00

800028228748  
02/05/04--01015--013 \*\*158.75

8. Name and Address of Current Registered Agent

LIPTON, BESS  
221 DELTA COURT, STE. 3  
TALLAHASSEE FL 32303

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. or 617.0505, F.S.

Signature of  
Registered Agent

Date

REGISTERED AGENT MUST SIGN

11. 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

Date

Daytime Phone #

850-422-2828

11/13/03

EXAM ONE  
221 DELTA COURT  
Suite 3  
TALLAHASSEE, FL 32303

Phone (850) 422-2828

Fax (850) 422-2858  
e-mail exams@nettally.com

1-23-04

Justin  
Dear ~~Jim~~,

I did resign the form  
in the correct place and sent  
it back to you. The 550 dollars  
has been received. Enclosed is  
another signature for reinstatement.  
Thank you very much.

Yours truly,  
Bess Kling

Justin  
per conversation 1/23/04 enclosed  
is the check for \$150.00