

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 NOV 10 PM 3:30

DOCUMENT # **P96000056626**

1. Corporation Name

L.J. MICHAEL'S, INC.

100162647061
11/10/09--01003--005 **150.00

CR2E081 (10/09)

2. Principal Office Address- No P.O. Box #

16586 N Dale Mabry Hwy

Suite, Apt. #, etc.

3. Mailing Office Address

16586 N Dale Mabry Hwy

Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

06/25/1996

City & State

Tampa, FL

City & State

Tampa, FL

5. FEI Number

593396423

☐ Applied For
☐ Not Applicable

Zip

Country
Hillsborough

Zip

Country
Hillsborough

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Michael Arndt

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

16586 N Dale Mabry Hwy

Suite, Apt. #, Etc.

City

Tampa, FL

State

FL

Zip Code

33618



The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or section 617.0503, F.S.

Signature of
Registered Agent

Michael H. Arndt

Date **11.05.09**

*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
D	Michael Arndt	16586 N Dale Mabry Hwy	Tampa, FL 33618
s	Laura Arndt	16586 N Dale Mabry Hwy	Tampa, FL 33618

REINSTATEMENT

09 B 11/12/09

10. E-mail Address: **marndt53@gmail.com**

(To be used for future annual report notifications)

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided 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. I further certify 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:

Michael H. Arndt

SIGNATURE AND TYPE OR PRINT NAME OF SIGNING OFFICER OR DIRECTOR

11-5-09

Date

Daytime Phone*