

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P96000060923

1. Corporation Name

LEMAE, INC.

Principal Place of Business

Mailing Address

4545 RADIO RD
NAPLES FL 34104

4545 RADIO RD
NAPLES FL 34104

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

2. New Principal Office Address, If Applicable

3510 Radio Rd
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

3510 Radio Rd
Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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	4 City / State / Zip
P	JONES, BRIAN E	2121 HERITAGE TRAIL	NAPLES FL 34112
VO	JONES, BEN F	3500 RADIO ROAD	NAPLES FL 34112
ST	JONES, WILLIAM	3000 COUNTY BARN ROAD	NAPLES FL 34112

400004706204--3
-12/05/01--01057--007
****750.00 ****750.00

8. Name and Address of Current Registered Agent

JONES, BRIAN E
3500 RADIO ROAD
NAPLES FL 34104

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

Brian E Jones

REGISTERED AGENT MUST SIGN

Date

11-12-01

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 #

941-250-8084

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 NOV 19 PM 4:54



REINSTATEMENT

CR2E040 (6/01)