

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 JAN 31 AM 11:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P96000063773**

1. Corporation Name

LECROY-LANSDOWN DESIGN STUDIO, INC.

2. Principal Office Address
683 S. Collier Blvd.

Suite, Apt. #, etc.

City & State
Marco Island, Florida

Zip
34145

Country
USA

3. Mailing Office Address
950 N. Collier Blvd.

Suite, Apt. #, etc.
Suite 201

City & State
Marco Island, Florida

Zip
34145-2716

Country
USA

REINSTATEMENT 99-05
MRS

**4. Date Incorporated or Qualified
To Do Business in Florida** 07/29/1996

5. FEI Number
650698274

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Frederick C. Kramer, Esq.

Street Address (P.O. Box Number is Not Acceptable)
950 N. Collier Blvd.

Suite, Apt. #, Etc.
Suite 201

City
Marco Island

State Zip Code
FL 34145-2716

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

REGISTERED AGENT MUST SIGN

Date JAN 21, 2005

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
PSTD	Lansdown, Bobbie Lecroy	683 S. Collier Blvd.	Marco Island, Florida 34145
VP	Lansdown, Roy	683 S. Collier Blvd.	Marco Island, Florida 34145

800046285358
02/10/05--01002--004 **1650.00

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN 21, 2005 (732) 389-9232

Date

Daytime Phone #

CR2E001 (07/05)