

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION  
REINSTATEMENTFLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

02 DEC 12 AM 8:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P97000030142

1. Corporation Name

LINIAM, inc.

2. Principal Office Address

37 RAMONA STREET

Suite, Apt. #, etc.

3. Mailing Office Address

37 RAMONA STREET

Suite, Apt. #, etc.

City &amp; State

PONTE VEDRA BCH., FL

City &amp; State

PONTE VEDRA BCH., FL

Zip

32082

Country

U.S.A.

Zip

32082

Country

U.S.A.

4. Date Incorporated or Qualified  
To Do Business in Florida

4-2-97

5. FEI Number

593441230

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

WILLIAM MARK SIMPSON

8000009475338

12/12/02--01005--003 \*\*150.00

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

37 RAMONA STREET

Suite, Apt. #, Etc.

City

PONTE VEDRA BEACH

State  
FL

Zip Code

32082

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

William Mark Simpson

REGISTERED AGENT MUST SIGN

Date 12/03/02

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
Dir.	WILLIAM M. SIMPSON	37 RAMONA STREET	PONTE VEDRA BCH., FL 32082
Pres.	"	"	"
Sec.	"	"	"
Tres.	"	"	"

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)(f), 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:

William Mark Simpson

SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR

12-03-02 (904)280-0279

Date

Daytime Phone #

WILLIAM MARK SIMPSON

12/13

NEXT-PORT INC.  
1245 47 N.W. 21 ST.  
MIAMI, FLA. 33137



DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
P.O. Box 6327  
TALLAHASSEE, FLA. 32314

# **LINIAM, inc.**

**37 Ramona Street ~ Ponte Vedra Beach, FL 32082 ~ (904) 280-0279**

December 3, 2002

State of Florida  
Department of State  
Division of Corporations

**Re: Corporation Reinstatement for LINIAM, inc., Ponte Vedra Beach, FL**

To Whom It May Concern:

I was just notified by my attorney that my corporation, LINIAM, inc., was dissolved in October 2002 for having not filed my annual report.

The reason this report was not filed was because I did not receive it. The document went to an old address and the mail forwarding through the post office had expired. In a previous attempt to correct the records, the address was corrected for me as an officer but apparently not for the corporation's address.

It is my understanding, per a phone conversation with Michelle at the Reinstatement Section of the Division of Corporations, that by sending in this letter of explanation along with the Corporation Reinstatement document and a check for the standard fee of \$150.00, the penalty would be waived. Therefore, attached you will find the above-mentioned documentation, with corrected address, and payment.

If possible, please send me some conformation that the address has been corrected and the payment, minus the penalty, was accepted. My contact information is listed below. Thank you for your attention in this matter.

Cordially,



William Mark Simpson  
LINIAM, inc.  
37 Ramona Street  
Ponte Vedra Beach, FL 32082  
Phone (904) 280-0279  
Fax (904) 280-0281  
E-mail [wmsimpson@juno.com](mailto:wmsimpson@juno.com)

Cc: Samuel L. LePrell, Esq.