

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

02 JUN 27 PM 8:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P 970000 46730**

1. Corporation Name

LINTON CONSULTING INTERNATIONAL, INC

2. Principal Office Address

937 CASEY KEY RD.

Suite, Apt. #, etc.

City & State

NOKOMIS

Zip

34275

Country

U.S.

3. Mailing Office Address

CASEY KEY RD

Suite, Apt. #, etc.

City & State

NOKOMIS

Zip

34275

Country

U.S.

400006204314--2

-07/03/02--01054--019

******600.00 ****600.00**

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-0759425

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

~~Freda~~ John DYMECKI

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

937 CASEY KEY RD

Suite, Apt. #, Etc.

City

NOKOMIS

State

FL

Zip Code

34275

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

Signature of
Registered Agent

X *John Dymecki*

Date **X**

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
DTP	John Dymecki	937 CASEY KEY RD	NOKOMIS, FL. 34275

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: **X**

John Dymecki
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 6.04.02

Date

Daytime Phone #

Linton Consulting International, Inc.
937 Casey Key Road
Nokomis, FL, 34275

May 31, 2002

Re: Linton Consulting International, Inc.
Doc. No. P97000046730

Department of State
Attn: Re-instatement
Ms. Ula Peterson
409 E. Gaines Street
Tallahassee, FL., 32399

Dear Ms. Peterson;

This letter is prepared by the undersigned to advise you that I never received my annual reports, and therefore did not file them. I asked my accountant, Tom Hill about the annual reports, and he denies receiving any.

My Attorney, Fred DePasquale, talked with you and was advised that there was a notation in my file that the reports were mailed to the wrong address and returned as undeliverable.

I am therefore submitting \$600.00 to your office and requesting that the corporation be re-instated to 10/16/1998. The \$600.00 represents the annual fee for 4 years and is the amount that you instructed Mr. DePasquale to send in along with this letter.

Thanking you in advance for your time and courtesy,
I remain,

Very truly yours,

John W. Dymecki
President

County of DADE) SS
State of Florida)

Subscribed and sworn to before me this 5th day of May, 2002 54th

(SEAL)

Andrés R. Riquelme
Notary Public



Antoinette S. Gugliotti
MY COMMISSION # CC773437 EXPIRES
September 7, 2002
BONDED THRU TROY FAIN INSURANCE, INC.