

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 SEP 29 AM 8:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000009 3599

1. Corporation Name

LYONS ENTERPRISES OF ST. PETERSBURG,
INC.

2. Principal Office Address

4491-62ND AVE. NO

Suite, Apt. #, etc.

#230

City & State

PINELLAS PARK

Zip

33781

Country

PINELLAS

3. Mailing Office Address

P.O. BOX 21745

Suite, Apt. #, etc.

City & State

ST. PETERSBURG

Zip

33742

Country

PINELLAS

4. Date Incorporated or Qualified
To Do Business in Florida

10/31/97

5. FEI Number

59-3476711

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

JAMES M. LYONS

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

4491-62ND AVENUE NORTH

Suite, Apt. #, Etc.

#230

City

PINELLAS PARK

State

FL

Zip Code

33781

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

James M. Lyons

REGISTERED AGENT MUST SIGN

Date

9/24/03

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 | JAMES M. LYONS 4491-62ND AVENUE #230 PINELLAS PARK FL 33781 | | |
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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

9/24/03 727.543-1212

Date

Daytime Phone #

CR2E081 (10/02)