PLEASE READ	ALL INSTRUCTIONS BEFORE O	OMPLETING THIS FORM.
APPLICATION FOR	FLORIDA DEPARTMENT OF STATE Katherine Harris	1
REINSTATEMENT	Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # #970001		
1. Corporation Name LINAGE HOLDING	(usA), INC.	\$5.170.25 Ut tibe
Principal Place of Business	Mailing Address	With the Articles
1029 BELACROIX CIACL	-	
NOKOHIS, FL 34275		REINSTATEMENT 98-99
		98-99
If above addresses are incorrect in any way, line thro New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable	4. Date Incorporated or Qualified To Do Business in Florida 72 - 3 - 9 7
Suite, Apt. #, etc.	Suite, Apt #, etc	5. FEI Number Applied For
City & State	City & State	65-0797534 Noi Applicable
Zip Country	NOKONIS FL Zip SY27Y-1460 SARASOTA	CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee require for a Certificate of Status
	or Director (Florida nonprofit corporations must list at lea	* * * * * * * * * * * * * * * * * * * *
Title(s) Name of Officers and/or Directors 2	Streel Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box N	City / State / Zip
P GEORGE MATRAL POBOX 1460 (N/A) NOKEOUS FL 34274		
1 430.140 171.111		
S JOHN P. LAUDENSL	AGER 1029 DELACROIX C	1000002868061225
		-05/07/9901131001

		1 1
CATTAGER CC GC 72 5/1/GC		
ATEMENT 98-99 B 5/4/99		
8. Name and Address of Current F	Registered Agent Name	9. Name and Address of New Registered Agent
JOHN P. LAUDENSCAGEN Street Address (P.O. Box Number is Not Acceptable)		
1028 NELACLOXX CIRCLE		
NOMONIS, FL 34275		
ŕ	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 Date 1/9/99 REGISTERED AGENT MUST SIGN		
11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes No No (See other side for information or inlangible tax.)		
this reinstatement application, the reason for disso	station has been eliminated, the correctate name satisfies	provided for in chapter 607 or 617, F.S. I further certify that when tiling is the requirements of section 607,0401 or 617,0401. F.S. I that all fees an exemption under section 119.07(3)(i), F.S. The information indicated in 04th.
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 1/9/77 941 485 0225 D. STATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR D. STATURE OF SIGNING OFFICER OR DIRECTOR Output D. STATURE OF SIGNING OFFICER OR DIRECTOR Output D. STATURE OF SIGNING OFFICER OR DIRECTOR D. STATURE OFFICER OR DIRECTOR D. S		