

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 APR 25 PM 4:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *P98000024632*

1. Corporation Name

Further Lane, Inc.

2. Principal Office Address

3585 SE ST. Lucie Blvd

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Stuart, FL

City & State

Zip

34997

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

3/2/2001

5. FEI Number

650866261

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

Lehner, Joseph L

100054219031

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

3585 SE ST Lucie Blvd.

Suite, Apt. #, Etc.

City

Stuart FL

State

FL

Zip Code

34997

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

Joseph Lehner
REGISTERED AGENT MUST SIGN

Date

4/20/05

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
<i>P</i>	<i>Lehner, Joseph</i>	<i>3585 SE St Lucie Blvd</i>	<i>Stuart FL 34997</i>

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:

Joseph Lehner
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/20/05 772-223-4110
Daytime Phone #

CR2E081 (01/05)