


2005 FOR PROFIT CORPORATION REINSTATEMENT

1082

FILED
Sep 06, 2005 8:00 A.M.
Secretary of State

DOCUMENT # P98000057657			
1. Entity Name LINDHAVEN LOCKSMITH, INC.			
Principal Place of Business 581 SOUTH COUNTRY CLUB DRIVE ATLANTIS, FL 33462		Mailing Address 581 SOUTH COUNTRY CLUB DRIVE ATLANTIS, FL 33462	
2. Principal Place of Business 581 South Country Club Dr		3. Mailing Address 581 South Country Club Dr	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Atlanta PL		City & State Atlanta	
Zip 33462	Country USA	Zip	Country
4. FEI Number 65-0845068		APPROPRIATE Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LIND, STACEY A 581 SOUTH COUNTRY CLUB DRIVE ATLANTIS, FL 33462		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE: Stacey A. Lind DATE: 9-1-05 <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!! FEE IS \$300.00		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV LIND, STACEY A 581 SOUTH COUNTRY CLUB DRIVE ATLANTIS, FL 33462 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: Stacey Lind		DATE: 9/1/05	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	

2002

Stacey A. Lind
Lindhaven Locksmith, Inc.
581 South Country Club Drive
Atlantis, FL 33462
561-364-4044

September 1, 2005

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Division of Corporations,

I am writing to you to inform you that I never received any notice from the Department of State to inform me that my corporation was to be administratively dissolved. I have been at the above address since November, 2002.

Therefore, I am requesting a Waiver of Reinstatement for such.

I am enclosing a fee of \$300.00 to cover such.

I can be reached at the above address and phone number.

Thanking you in advance for your attention and cooperation to this matter.

Regards,

Stacey Lind

Stacey Lind

/sl

encl-Check and 2005 For Profit Corporation Reinstatement Form

Check # 758