

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Jim Smith**  
 Secretary of State  
 DIVISION OF CORPORATIONS

FILED

02 DEC -9 AM 10:19

SECRETARY OF STATE  
 TALLAHASSEE FLORIDA

DOCUMENT # **P98000075173**

1. Corporation Name

**LONICERA, INC.**

Principal Place of Business

Mailing Address

~~88005 OVERSEAS HWY., STE. 10-179~~  
**ISLAMORADA FL 33036**

~~88005 OVERSEAS HWY., STE. 10-179~~  
**ISLAMORADA FL 33036**



**REINSTATEMENT 02**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

**82185 Overseas Hwy**  
 Suite, Apt. #, etc.

**82185 Overseas Hwy**  
 Suite, Apt. #, etc.

4. Date Incorporated or Qualified To Do Business in Florida

**08/26/1998**

5. FEI Number

**59-3548499**

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

City & State

**Islamorada FL**

City & State

**Islamorada FL**

Zip

**33036**

Country

**US**

Zip

**33036**

Country

**US**

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| 1 Title(s) | 2 Name of Officers and/or Directors | 3 Street Address of Each Officer and/or Director | 4 City / State / Zip |
|------------|-------------------------------------|--|----------------------|
| P          | BRODIE, LYNN K                      | 88005 OVERSEAS HWY, STE#10-179                   | ISLAMORADA FL 33036  |
|            |                                     |  |                      |
|            |                                     |  |                      |
|            |                                     |  |                      |
|            |                                     |  |                      |
|            |                                     |  |                      |

900009418169  
 12/09/02--01059--029 \*\*750.00

8. Name and Address of Current Registered Agent

**BRODIE, L. K.**  
~~88005 OVERSEAS HWY., STE. 10-179~~  
**ISLAMORADA FL 33036**

9. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**82185 Overseas Hwy**  
 Suite, Apt. #, Etc.  
 City  
**Islamorada**  
 State  
**FL**  
 Zip Code  
**33036**

CR2E040 (8/02)

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. or 617.0505, F.S.

Signature of Registered Agent **SIGNATURE REQUIRED** Date **12/5/02**  
 REGISTERED AGENT MUST SIGN

11. 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 REQUIRED** **Lynn K Brodie** Date **12/5/02** Daytime Phone # **305 664-8220**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR