

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000079810

1. Corporation Name

Florida Lithology Management, Inc

FILED

08 FEB -8 AM 9:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 06-08

700117626337

02/08/08--01035-017 **450.00

2. Principal Office Address - No P.O. Box #

326 North Lake Drive

Suite, Apt. #, etc.

3. Mailing Office Address

326 North Lake Drive

Suite, Apt. #, etc.

City & State

LANTANA, FL

Zip

33462

Country

USA

City & State

LANTANA, FL

Zip

33462

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

9/18/98

5. FEI Number

65-0863708

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

William Leckler

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

326 North Lake Drive

Suite, Apt. #, Etc.

City

LANTANA

State

FL

Zip Code

33462

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

William Leckler

Date 2/5/08

REGISTERED AGENT MUST SIGN

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
P	William Leckler	326 North Lake Dr	LANTANA, FL 33462
VP	William Leckler	326 North Lake Dr	LANTANA, FL 33462
T	William Leckler	326 North Lake Dr	LANTANA, FL 33462
S	William Leckler	326 North Lake Dr	LANTANA, FL 33462

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 contained in Chapter 119, 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:

William Leckler

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/5/08

Date

561-533-9976

Daytime Phone #

jc 2/11