


81875

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b>		<b>FLORIDA DEPARTMENT OF STATE</b> Secretary of State DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 OCT 19 PM 2:03

DOCUMENT # P98000081875

1. Corporation Name

LIMANS INTERNATIONAL, INC.

2. Principal Office Address

21011 JOHNSTON ST.

Suite, Apt. #, etc.

122

City & State

PEMBROKE PINES FL

Zip

33029

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

11

City & State

11

Zip

Country

**REINSTATEMENT 99-05**

CR2E081 (8/05)

4. Date Incorporated or Qualified  
To Do Business in Florida

9-22-98

5. FEI Number

65-0865278

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

LISA ROSE

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

21011 JOHNSTON ST.

Suite, Apt. #, Etc.

122

City

PEMBROKE PINES

300060774099

10/19/05 01051 005 \*\*1638.75

State

FL

Zip Code

33029

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

*Lisa Rose*

Date 10-15-05

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
PSTD	LISA ROSE	21011 JOHNSTON ST # 122	PEMBROKE PINES, FL 33029

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)(f), 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:

*Lisa Rose*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-15-05

Daytime Phone #

(954)  
812-1126