

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P98000085297**

1. Corporation Name

LIN INTERNATIONAL CORP.

Principal Place of Business

3792 N.W. 59 ST.
COCONUT CREEK FL 33073
US

Mailing Address

3792 N.W. 59 ST.
COCONUT CREEK FL 33073
US

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

4251 Coral Hills Dr

City & State

Coral Springs, FL

Zip

33065

Country

USA

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

4251 Coral Hills Dr

City & State

Coral Springs, FL

Zip

33065

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

08/24/1998

5. FEI Number

65-0876723

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	LIN, SONG	3792 N.W. 59 ST.	COCONUT CREEK FL 33073
			500003744845--8 -02/21/01--01025--021 ****900.00 ****900.00
			REINSTATEMENT 00-01 78

8. Name and Address of Current Registered Agent

LIN, SONG
3792 N.W. 59 ST.
COCONUT CREEK FL 33073

9. Name and Address of New Registered Agent

Name

LIN, SONG

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

4251 Coral Hills Dr

Suite, Apt. #, Etc.

City

Coral Springs

State

FL

Zip Code

33065

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.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

2/1/2001

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/2001

Date

954-345-3600

Daytime Phone #

CR2E040 (8/00)