

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

01 JAN -2 PM 3:39

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P99000007361

1. Corporation Name

LINCOLN INTERNATIONAL, INC.

Principal Place of Business

5126 W. IDLEWILD AVE.
TAMPA FL 33634

Mailing Address

5126 W. IDLEWILD AVE.
TAMPA FL 33634

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.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country



4. Date Incorporated or Qualified
To Do Business in Florida

01/19/1999

5. FEI Number

59-3556450

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	NIEZGODA, ROBERT J	3342 BRIAN RD. N.	500003532345--5 -01/11/01--01026--005 ****750.00 ****750.00 PALM HARBOR FL 34685
D	SIMONS, NORMAN J	4 LAKEWOOD DR.	ORCHARD PARK NY 14127
D	PALISANO, TIMOTHY J	97 FORESTAL DR.	HAMBURG NY 14075
D	PALISANO, WILLIAM T	109 VICTORY AVE.	HAMBURG NY 14075
D	PALISANO, JOHN J	222 E. MAIN ST.	HAMBURG FL 14075

8. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

Robert Niezgoda

REGISTERED AGENT MUST SIGN

Date

12-27-00

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:

Robert Niezgoda
ROBERT J NIEZGODA
VR/67

Date

12-27-00

Daytime Phone #

1-800-332-5539
KE