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FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

03 JUN 16 AM 11:21

SECRETARY OF STATE
TALLAHASSEE FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

600020973136
06/18/03--01043--031 **150.00

600020973136
06/18/03--01043--030 **150.00

DOCUMENT # P99000011240

1. Corporation Name: LINDY INC. OF SOUTH FLORIDA

2. Principal Office Address	3. Mailing Office Address
14646 ACRES WAY DR	14646 ACRES WAY DR
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: FT MYERS FL	City & State: FT MYERS FL
Zip: 33912 Country: LEE	Zip: 33912 Country: LEE

4. Date Incorporated or Qualified To Do Business in Florida: 2-1-1999

5. FEI Number: 65-0895949 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $30.00 Additional Fee Required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: WALTER LINDBERG

Street Address (P.O. Box Number is Not Acceptable): 14646 ACRES WAY DR

Suite, Apt. #, Etc.:

City: FT MYERS | State: FL | Zip Code: 33912

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 _____ Date _____

REGISTERED AGENT MUST SIGN

CR2E081 (10/02)

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
PD	WALTER LINDBERG	SAME	
VD	JUDY LINDBERG	SAME	

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)(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: Walter Lindberg 4/30/03 239-437-6365

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Attachment DO# P99000011240

To whom it may concern

As president of LINDY Inc S. Fla
we were UNAWARE that
the legal firm that established
the corporation did not send
in necessary documents Our
accounting firm advised
use the send in a check
for 150.00 and would now
be responsible for paper
work in the future.
I apologize for any
inconvenience this might have
caused

Sincerely
Walter Lindy