

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Kathleen Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 JAN -2 PM 12:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

P99000031615

1. Corporation Name

LYNNE STEINKE, INC.

2. Principal Office Address

3432 Bayshore Rd.

3. Mailing Office Address

P.O. BOX 1111

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SARASOTA, FL

City & State

SARASOTA

Zip

34234

Country

USA

Zip

34230

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

3/6/99

5. FEI Number

65-0903692

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

LYNNE STEINKE

700004765397-0

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

3432 BAYSHORE RD

-01/10/02--01075--007

****450.00 ****450.00

LS

Suite, Apt. #, Etc.

City

SARASOTA

State
FL

Zip Code

34234

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

Lynne C. Steinke
REGISTERED AGENT MUST SIGN

Date 12/16/01

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
PRES	LYNNE C. STEINKE	3423 BAYSHORE RD	SARASOTA, FL 34234

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:

Lynne C. Steinke

Lynne C. Steinke

12/15/01

941-321-1700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/00)