

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P99000061467**

1. Corporation Name

LEMON STREET TRIAD INC.

Principal Place of Business

Mailing Address

5025 WEST LEMON STREET
TAMPA FL 33609

3720 CANTERBURY WAY
BOCA RATON FL 33434

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

07/06/1999

5. FEI Number

59-3586925

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	BEAN, THOMAS J	5025 WEST LEMON STREET	TAMPA FL 33609
D	CAYAN, GREGORY J	3720 CANTERBURY WAY	BOCA RATON FL 33434
D	VECCIA, JOSEPH	1800 LAKE DRIVE	DELRAY BEACH FL 33444

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CRYAN, GREG
3720 CANTERBURY WAY
BOCA RATON FL 33434

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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. or 617.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

2/5/04

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Director 2/5/04 561-703-0670
Date Daytime Phone #

FILED

04 FEB 27 AM 8:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

03-04



000028743030

02/13/04--01044--008 **758.75

000028743030

02/26/04--01020--001 **141.25

CR2E040 (7/03)