

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 MAY -5 AM 11:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000069375

1. Corporation Name

Lipnik Enterprises, Inc.

2. Principal Office Address

27730 Riverwalk Way

Suite, Apt. #, etc.

City & State

Bonita Springs, FL

Zip

34134

Country

Lee

3. Mailing Office Address

27730 Riverwalk Way

Suite, Apt. #, etc.

City & State

Bonita Springs, FL

Zip

34134

Country

Lee

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

8/4/1999

5. FEI Number 59-3452885

(See Attached)

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

Jerome M. Strauss, Esq.

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

9130 Galleria Court

Suite, Apt. #, Etc.

Suite 301

City

Naples

State

FL

Zip Code

34109

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

REGISTERED AGENT MUST SIGN

Date April 30, 2003

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	LIPNIK, MORRIS	27730 Riverwalk Way	Bonita Springs, FL 34134
D	STRAUSS, JEROME M.	9130 Galleria Court	Naples, FL 34109

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jerome M. Strauss

4/30/03

Date

239-593-0996

Daytime Phone #

CR2081 (1002)