

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10-92



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 DEC 10 PM 3:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000081614

1. Corporation Name

OUR TOWN PUBLICATIONS, INC.

2. Principal Office Address

6926 Aloma Ave.

Suite, Apt. #, etc.

3. Mailing Office Address

6926 Aloma Ave.

Suite, Apt. #, etc.

City & State

Winter Park, FL

City & State

Winter Park, FL

Zip

32792

Country

U.S.A.

Zip

32792

Country

U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

Sept. 9, 1999

5. FEI Number

59-3599557

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

Lipton, Mark E.

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

1136 Howell Branch Rd.

Suite, Apt. #, Etc.

City

Winter Park, FL

State

FL

Zip Code

32789

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

Mark E. Lipton

REGISTERED AGENT MUST SIGN

Date Dec. 6, 2002

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
P/S	Lipton, Mark E.	1136 Howell Branch Rd	Winter Park, FL 32789
V/T	Lipton, Sandra B.	1136 Howell Branch Rd	Winter Park, FL 32789

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:

Mark E. Lipton
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/6/02
Date

407-699-4260
Daytime Phone #

CR2E081 (9/01)



Our Town

2082

(407) 699-4760
Fax (407) 673-8358
P.O. Box 4548
Winter Park, FL 32793

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32399

To whom it may concern:

I am sending this letter to explain why \$558.75 is sent for corporate reinstatement instead of \$708.75.

I was the owner of record at the corporate and registered agent address until mid October. However this address (124 N. Lost Lake Lane) was vacant and for sale while I had moved out in early June to the new address (1136 Howell Branch Rd.). I had a forward on the mail, but never received a notice of non-payment.

As the one who has made timely payments in prior years I was very aware of the substantial late penalty and had thought payment was made prior to May 1st, but cannot locate documentation to substantiate this.

Please notify me if the additional \$150 reinstatement fee is required. I will send it if required, but I had not received a notice of non-payment.

Sincerely,

Mark E. Lipten
Pres./Sec. - Our Town Publications, Inc.
6926 Aloma Avenue
Winter Park, FL 32789
(407) 699-4760