

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #506987

1. Corporation Name

LINDBACK CONSTRUCTION CORPORATION

Principal Place of Business

Mailing Address

89111 Overseas Highway
Tavernier, FL 33070

P.O. Box 645
Tavernier, FL 33070

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 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

5. FEI Number

65-0283489

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

3875 Addition of Fee to be paid
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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	Lindback, Carl E.	128 Kahiki Drive	Tavernier, FL 33070

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Carl E. Lindback
128 Kahiki Drive
Tavernier, FL 33070

Name
John A. Jabro, Esquire
Street Address (P.O. Box Number is Not Acceptable)
90311 Overseas Highway
Suite, Apt. #, Etc.
Suite B
City
Tavernier
State
FL
Zip Code
33070

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 907.0605, F.S.

Signature of
Registered Agent

John A. Jabro REGISTERED AGENT MUST SIGN

Date

7/16/97

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐

(See other side for information
on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I certify that I am an officer or director of the corporation 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., and that all fees owed by the corporation have been paid. 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

Carl E. Lindback

Date

7-16-97

Daytime Phone #

CRS-040 (12/95)