

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

98 APR -9 AM 7:03

DOCUMENT # V36411

1. Corporation Name

Lipsky & Associates, INC.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
4000002485364--6  
-04/10/98--01093--009  
\*\*\*1508.75 \*\*\*1508.75

Principal Place of Business

Mailing Address

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

2. New Principal Office Address, If Applicable

4802 WANDERING PINES TRAIL N

3. New Mailing Office Address, If Applicable

11250 OLD ST AUGUSTINE RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

15-347

City & State

Jacksonville, FL

City & State

Jacksonville, FL

Zip

32258

Country

FLORIDA

Zip

32257

Country

FLORIDA

4. Date Incorporated or Qualified  
To Do Business in Florida

MAY 12, 1992

5. FEI Number

59-3121630

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)

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
PRESIDENT	HAROLD LIPSKY	4802 WANDERING PINES TRAIL N	JACKSONVILLE FL 32258

REINSTATEMENT 93-98  
SL 4-10-98

8. Name and Address of Current Registered Agent

HAROLD LIPSKY  
4802 WANDERING PINES TRAIL N  
JACKSONVILLE FL 32258

9. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
Suite, Apt. #, Etc.  
City  
State FL Zip Code

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.

Signature of  
Registered Agent

HAROLD LIPSKY  
REGISTERED AGENT MUST SIGN

Date 4-7-98

11. This corporation owes or has paid the current year  
Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information  
on intangible tax.)

12. 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:

HAROLD LIPSKY - PRESIDENT  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-7-98

Date

904-8808753

Daytime Phone #

CR2040 (1/98)