

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

V68379

1. Corporation Name

List Brothers, Inc.

Principal Place of Business

Mailing Address

201 N. U.S. Highway 1, C-5
Jupiter, FL 33477

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

7. 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

3

Street Address of Each Officer and/or Director

(Do NOT Use Post Office Box Numbers)

4

City / State / Zip

P/S

Edward N. List

6183 Linton St.

Palm Beach Gardens, FL 33418

V/I

JOHN N. LIST

9747 S.E. River Terrace

TEQUESTA, FL 33469

700002886887--9
-05/25/99--01084--010
****900.00 ****900.00



8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Edward N. List

201 N. U.S. 1, C-5

Jupiter, FL 33477

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

Edward N. List

REGISTERED AGENT MUST SIGN

Date: 4/1/99

11. This corporation owes 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 of C.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 119.043(6), 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

[Signature]

V.P.

Date: 4/1/99

Date

561-575-9504

Daytime Phone #

REINSTATEMENT 98-99

99 MAY 12 AM 10:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA