

2006 FOR PROFIT CORPORATION REINSTATEMENT

10FZ

DOCUMENT # F98000004188

1. Entity Name
LIPSKY ENTERPRISES, INC.



06 NOV -3 PM 3:57

Principal Place of Business
814 MONTAUK HIGHWAY
BAYPORT, NY 11705

Mailing Address
814 MONTAUK HIGHWAY
BAYPORT, NY 11705



REINSTATEMENT

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
11-2849606

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After January 1, 2007, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME LIPSKY, BARRY Delete
STREET ADDRESS 88 S. FAIRVIEW AVE
CITY-ST-ZIP BAYPORT, NY

TITLE Change Addition
NAME 000081504270
STREET ADDRESS 11/03/06--01044--011 **150.00
CITY-ST-ZIP

TITLE SD
NAME LIPSKY, ERIC Delete
STREET ADDRESS 11 JOSEPHINE LANE
CITY-ST-ZIP EAST ISLIP, NY

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] Barry Lipsky President 10/16/06 472-4424
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

NOV 3 2006

20f2



LIPSKY ENTERPRISES INC.

814 Montauk Highway
Bayport, New York 11705

Telephone: (631) 472-4454
Fax: (631) 472-4406

October 16, 2006

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

**Re: 2006 For Profit Corporation Reinstatement
Tax ID # 11-2849606**

To Whom It May Concern:

Attached, for your review and submission, please the aforementioned document as it pertains to the above referenced tax id number.

Please note, as per your website (enclosed please find a copy of what I printed), if I did not receive prior notice regarding this matter, the one hundred fifty dollar (\$150.00) reinstatement fee is not applicable. I have attached a copy as well of the first notice I received just last week regarding this matter.

Should you have any questions, please do not hesitate to contact me at 631-472-4454 ext. 107.

Very truly yours,

LIPSKY ENTERPRISES, INC.

Jennifer Leuzze
Controller

Enclosures