

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
 FLORIDA DEPARTMENT OF STATE
 Jim Smith
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

02 NOV 15 PM 1:58

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # F98000005636

1. Corporation Name

LINDA MANAGEMENT CORP.

Principal Place of Business

Mailing Address

% LINDA OPICI
 726 ONEIDA TR.
 FRANKLIN LAKES NJ 07417

% LINDA OPICI
 726 ONEIDA TR.
 FRANKLIN LAKES NJ 07417

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

4. Date Incorporated or Qualified To Do Business in Florida

10/08/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

22-3466790

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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	4 City / State / Zip
CDP	OPICI, LINDA	726 ONEIDA TR.	FRANKLIN LAKES NJ 07417
S	OPICI, DINA	726 ONEIDA TR.	FRANKLIN LAKES NJ 07417

600009011286
 11/15/02--01004--002 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301-2525

Name

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

Suite, Apt. #, Etc.

City

State
 FL

Zip Code

CR2E040 (8/02)

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. or 617.0505, F.S.

Signature of Registered Agent

DINA OPICI
 SIGNATURE REQUIRED
 REGISTERED AGENT MUST SIGN

Date 10/28/02

11. 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:

DINA OPICI
 SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Dina Opici

10/28/02

Date

201/ 689-1200

Daytime Phone #

Linda Management Corporation

November 6, 2002

Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

To Whom It May Concern:

This letter is being sent to inform your office that we did not receive the 2002 "PROFIT CORPORATION ANNUAL REPORT" paperwork to file for Linda Management Corporation.

Enclosed is the reinstatement form and the filing fee of \$150.

Thank you for your understanding in this matter.

Very truly yours,



Dina Opici
Secretary

DO:bf
Enclosure