

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
09 DEC -7 PM 12:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000024250

1. Corporation Name

THE LINDER GROUP, INC.

2067 San Elijo Ave. 2067 San Elijo Ave

2. Principal Office Address - No P.O. Box
990 North Amelia Avenue

3. Mailing Office Address
990 North Amelia Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State Cardiff
San Dimas, California

City & State Cardiff
San Dimas, California

Zip 92007
01773

County
United States of America

Zip 92007
01773

County
United States of America

300163365363
12/07/09--01016--002 **450.00
REINSTATEMENT CR2E081 (11/09) 07-09

4. Date Incorporated or Qualified To Do Business in Florida 03/05/2001

5. FEI Number
65-107775

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$875 Available for Waiver for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Michael L. Feinstein, P.A.

Street Address (P.O. Box Number is Not Acceptable)
888 Las Olas Avenue,

Suite, Apt. #, Etc.
Suite 700

City
Fort Lauderdale

State Zip Code
FL 33301

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0405 or 617.0603, F.S.

Signature of Registered Agent

REGISTERED AGENT MUST SIGN

Date 12/02/2009

9. 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 | Street Address of Each Officer and/or Director | City / State / Zip |
|--------|-----------------------------------|--|-----------------------------|
| PD | Linder, Nathan | 517 Hermes Avenue | Encinitas, California 92024 |
| | | | |
| | | | |
| | | | |
| | | | |

10. E-mail Address: NLinder@jdw-usa.com

(To be used for future annual report notices only)

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. I further certify, 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

Date 12/4/09 Daytime Phone #