

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 JAN -3 AM 10:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 002000094756

1. Corporation Name

LAKE CITY MANAGEMENT GROUP, INC.

REINSTATEMENT 03

2. Principal Office Address

ROUTE 19 BOX 640

3. Mailing Office Address

PO BOX 252

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LAKE CITY, FL

City & State

LAKE CITY, FL

Zip

32025

Country

USA

Zip

32056

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

8/29/2002

5. FEI Number

76-0708951

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

WILLIAM J HALEY

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

116 NW COLUMBIA AVENUE

Suite, Apt. #, Etc.

City

LAKE CITY

State

FL

Zip Code

32055

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 12/30/03

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
D	F.S. OOSTERHOUDT, III	ROUTE 16 BOX 606	LAKE CITY, FL 32055

10. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/30/03

Date

Daytime Phone #

CR2E081 (10/02)