

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE**  
**Katherine Harris**  
**Secretary of State**  
**DIVISION OF CORPORATIONS**

**DOCUMENT #** P99000006334

**1. Corporation Name**

LAKE JESSUP BAY, INC.

**2. Principal Office Address**

2356 BLACK HAMMOCK ROAD

Suite, Apt. #, etc.

**City & State**

OVIEDO, FL

**Zip**

32765

**Country**

USA

**3. Mailing Office Address**

2356 BLACK HAMMOCK ROAD

Suite, Apt. #, etc.

**City & State**

OVIEDO, FL

**Zip**

32765

**Country**

USA

000004586360--2

-09/13/01--01002--013

\*\*\*\*300.00 \*\*\*\*300.00

**2000-2001 UBR**

**4. Date Incorporated or Qualified  
To Do Business in Florida**

01/19/1999

**5. FEI Number**

59-3552376

**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**

JOEL MARTIN

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

2356 BLACK HAMMOCK ROAD

**Suite, Apt. #, Etc.**

**City**

OVIEDO

**State**

FL

**Zip Code**

32765

**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** 08/29/2001

**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
DPST	JOEL MARTIN	2356 BLACK HAMMOCK ROAD	OVIEDO, FL 32765

**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

08/29/2001 407-977-9885

**Date**

**Daytime Phone #**

CR2001 (9/00)

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ALLAN C. DRAVES  
ATTORNEY AND COUNSELLOR AT LAW  
340 NORTH ORANGE AVENUE  
ORLANDO, FLORIDA 32801

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POST OFFICE BOX 4  
ORLANDO, FLORIDA 32802

August 29, 2001

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

Re: Reinstatement: Lake Jessup Bay, Inc.

To whom it may concern:

I enclose herewith the following:

1. Corporation Reinstatement for Lake Jessup Bay, Inc.; and
2. Check number 3275 in the amount of \$300.00 for the renewal fees for 2000 and 2001.

I was told by a Division of Corporations representative (in the reinstatement bureau) to ask for a waiver of the \$600.00 reinstatement fee. The reason that my client did not file the renewal form for 2000 is that he did not receive it (he did not receive the 2001 renewal form either). Although the address on record (2356 Black Hammock Road, Oviedo, FL 32765) was one of two addresses at the fish camp and restaurant which he operates on the same property on Lake Jessup, he did not receive any notice from the Division of Corporations. If he had, he certainly would have renewed (he has another corporation, Meryl Investments, Inc., which was renewed: he did receive the renewal notice for that corporation).

The failure to renew timely was in no way intentional and we request that the \$600.00 penalty be waived.

Please contact me if there is any problem with this request.

Thank you.

Very truly yours,



Allan C. Draves

ACD/cgf  
Encls.