

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 150143

1. Corporation Name

LAKE LOAN CO. INC.

Principal Place of Business

1104 South 8th St.
Leesburg, FL 34748

Mailing Address

1104 South 8th St.
Leesburg, FL 34748

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

2/19/1947

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

5. FEI Number

59-0598761

Applied For

Not Applicable

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PSTD	Sybill Lytle Bigham	1104 South 8th St.	Leesburg, FL 34748
			600002587506--7 -07/14/98--01008--017 ***2385.00 ***2385.00
			600002587506--7 -07/14/98--01008--017 *****8.75 *****8.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name Sybill Lytle Bigham

Street Address (P.O. Box Number is Not Acceptable)
1104 South 8th St.

Suite, Apt. #, Etc.

City Leesburg

State FL Zip Code 34748

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.

Signature of
Registered Agent

Sybill Lytle Bigham
REGISTERED AGENT MUST SIGN

Date June 29, 1998

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. 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:

Sybill Lytle Bigham
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

June 29, 1998
Date

352-728-3337
Daytime Phone #

REINSTATEMENT

80-98

FILED

98 JUL -6 AM 8:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA