## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILED 05 NOV 18 PM 1:45
DOCUMENT # 237056  1. Corporation Name LAKE PLACID PUBLISHING COMPANY		SEURETARY OF STATE TALLAHASSEE, FLORIDA
2. Principal Office Address 231 N. MAIN AVE.	3. Mailing Office Address A04 E. PARK ST	REINSTATE SENT 04-05
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. Date Incorporated or Qualified To Do Business in Florida  OS. 31 19/.0
City & State LAKE PLACID FL	LAKE PLACID FL	To Do Business in Florida 05-31-1960  5. FEI Number Applied For Not Applicable
33852-260 Country USA	3852-6363 USA	CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status
Nary Constance Moore Delaney 500051555056 Street Address (P.O. Box Number is Not Acceptably) 204 East Park Street Suite, Apt. #, Etc.  City Lake Placid  State Placid  State Zip Code FL 33852-6363		
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 Mary Constance Moore Relaxey  Date 11-14-05  REGISTERED AGENT MUST SIGN		
9. Names and Street Addresses of Each Officer a Titles Name of	and/or Director (Florida nonprofit corporations must list a Street Address of E	
Officers and/or Director		1 \ A1 - (1 E1 220C)
SITIO Kobert Mathew Debney 2:31 N. Main Street Lake Placed FL 33852 CFO Kaye Delaney Ridgeway 204 E. Park Street Lake Placed FL 33852		
D lamorte Lee De	laneur 207 Boren Ave	ove lake Placid FL 39852
D Mark Leon Deb	new 113 Redwater	Lane Lake Placed FL 33852
D Mary Margaret Staik 409 Grand Prix Drive Sebring FL 33870		
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 profession is true and acquirate, and my signature shall have the same lengt effort as if made under cath.		
on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.  SIGNATURE:  SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  Date  Da		