

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 JAN 27 AM 8:47

DOCUMENT # **237056**

1. Corporation Name

LAKE PLACID PUBLISHING CO

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT **03-02**



300010956003
01/27/03--01060--007 **900.00

Principal Place of Business

**232 N. MAIN ST.
LAKE PLACID FL 33852**

Mailing Address

**232 N. MAIN ST.
LAKE PLACID FL 33852**

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

05/31/1960

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-1001732

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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 3 | City / State / Zip 4 |
|---------------|---|--|-------------------------|
| D | DELANEY, LAMONTE | 232 N MAIN ST | LAKE PLACID, FL 00000 |
| PVD | DELANEY, CONSTANCE M | 232 N MAIN ST | LAKE PLACID, FL 00000 |
| D | DELANEY, ROBERT MATHEW | 232 N. MAIN ST. | LAKE PLACID, FL 00000 |
| D | DELANEY, MARK LEON | 232 N. MAIN ST. | LAKE PLACID FL |
| STD | EBERSOLE, KAYE DELANEY | 232 N. MAIN ST. | LAKE PLACID FL |
| D | STAIK, MARY M. DELANEY | 232 N. MAIN ST. | LAKE PLACID FL |

8. Name and Address of Current Registered Agent

**DELANEY, LEMONTE
232 NORTH MAIN STREET
LAKE PLACID FL 33852**

9. Name and Address of New Registered Agent

Name

CONSTANCE DELANEY

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

232 N. MAIN ST.

Suite, Apt. #, Etc.

LAKE PLACID, FL

City

LAKE PLACID

State

FL

Zip Code

33852

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED
Constance Delaney
REGISTERED AGENT MUST SIGN

Date **January 24, 2003**

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 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 REQUIRED
Constance Delaney
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

January 24, 2003

Daytime Phone #

CR2E040 (8/02)