

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # 251532

1. Corporation Name

LISA CORP.

Principal Place of Business

Mailing Address

C/O Norman F. Hales
2357 SW 22nd Circle E.
Okeechobee, FL 34974

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

2357 SW 22nd Circle E.

Suite, Apt. #, etc.

City & State

Okeechobee, FL

Zip

34974

Country
USA

3. New Mailing Office Address, If Applicable

2357 SW 22nd Circle E.

Suite, Apt. #, etc.

City & State

Okeechobee, FL

Zip

34974

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida

1965

5. FEI Number

59-0979077

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P/T/S C	Norman F. Hales	2357 SW 22nd Circle E.	Okeechobee, FL 34974

700002982937--4
-09/09/99--01076--019
***1200.00 ***1200.00

8. Name and Address of Current Registered Agent

Norman F. Hales
2357 SW 22nd Circle E.
Okeechobee, FL 34974

9. Name and Address of New Registered Agent

Name
Norman F. Hales
Street Address (P.O. Box Number is Not Acceptable)
2357 SW 22nd Circle E.
Suite, Apt. #, Etc.

City
Okeechobee

State
FL

Zip Code
34974

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 807.0505, F.S.

Signature of
Registered Agent

Norman F. Hales

REGISTERED AGENT MUST SIGN

Date 8-28-99

11. This corporation owes 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 807 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:

Norman F. Hales

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Norman F. Hales

8-28-99

Date

941-763-3275

Daytime Phone #

KE

CR2501 (12/96)