


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 251532 1. Corporation Name LISA CORPORATION, INC..			
2. Principal Office Address 2357 S.W. 22nd Circle E. Suite, Apt. #, etc.		3. Mailing Office Address P. O. Drawer 1367 Suite, Apt. #, etc.	
City & State Okeechobee, Florida		City & State Okeechobee, Florida	
Zip 34974	Country Okeechobee	Zip 34973	Country Okeechobee

FILED

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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01/28/03--01061--020 **1050.00

01-03

4. Date Incorporated or Qualified To Do Business in Florida 9/25/91	
5. FEI Number 590979077	Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> <small>BB 75 Approved for use by the Secretary of State</small>	

7. Name and Address of Current Registered Agent		
Name NORMAN F. HALES		
Street Address (P.O. Box Number is Not Acceptable) 2357 S.W. 22nd Circle E.		
Suite, Apt. #, Etc.		
City Okeechobee	State FL	Zip Code 34974

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 807.0505 or 817.0503, F.S.

Signature of
Registered Agent

[Signature]

Date 01/14/03

REGISTERED AGENT MUST SIGN

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
P/S/D	NORMAN F. HALES	2357 S.W. 22nd Circle E.	Okeechobee, FL 34974

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 807 or 817, 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 807.0401 or 817.0401, 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)(f), 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/14/03

Date

(863) 763-3275

Daytime Phone #

CR2E081 (9/01)

2/1/27