

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 DEC 13 AM 10:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 282167

1. Corporation Name

LEHIGH BUILDING CORP.

602 Weston Rd.

602 Weston Rd.

2. Principal Office Address

602 Weston Rd.

3. Mailing Office Address

602 Weston Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Lehigh Acres

City & State

Lehigh Acres

Zip

33936

Country

USA

Zip

33936

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

06/05/1964

5. FEI Number
591083757

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Mark A. Daniels

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

602 Weston Rd

Suite, Apt. #, Etc.

City

Lehigh Acres

State
FL

Zip Code
33936

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

Date

12-9-04

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
PVPST	Mark A. Daniels	602 Weston Rd.	Lehigh Acres, FL 33936

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 application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Mark A. Daniels

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12-9-04

Daytime Phone #

865 250 8805

CR2E081 (01/04)