

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 FEB 17 PM 12:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 372747

1. Corporation Name

Lakeside Aerodrome Corporation, LTD.

2. Principal Office Address - No P.O. Box #

1928 Brantley Circle

3. Mailing Office Address

1928 Brantley Circle

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Clermont, Florida

City & State

Clermont, Florida

Zip

34711

Country

USA

Zip

34711

Country

USA

REINSTATEMENT

07-09

CR2E081 (12/08)

4. Date Incorporated or Qualified
To Do Business in Florida

11/16/1970

5. FEI Number
592871459

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

Byron N. Carter

Street Address (P.O. Box Number is Not Acceptable)
1928 Brantley Circle

Suite, Apt. #, Etc.

City

Clermont, Florida

State

FL

Zip Code

34711

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Byron N. Carter

REGISTERED AGENT MUST SIGN

Date 2/12/09

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	Byron N. Carter	1928 Brantley Circle	Clermont, Florida 34710
VP	Byron R. Carter	400 North New York Ave., Ste. 105	Winter Park, Florida 32789

000143742840
02/17/09--01005--028 **450.00

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 contained in Chapter 119, 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:

Byron N. Carter

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/12/09

Daytime Phone #

407-361-6430