

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **# 398491**

1. Corporation Name

Lloyd Acres, Inc

700067028007
03/03/06--01037--008 **1500.00

DI-26

2. Principal Office Address

1320 Thomaswood Dr

Suite, Apt. #, etc.

3. Mailing Office Address

1320 Thomsawood Dr

Suite, Apt. #, etc.

REINSTATEMENT
CR2E081 (12/05)

City & State

Tallahassee, FL

City & State

Tallahassee, FL

Zip

32308

Country

Leon

Zip

32308

Country

Leon

4. Date Incorporated or Qualified
To Do Business in Florida

03/31/1972

5. FEL Number

59-1395393

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

Don Bryant

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

1320 Thomaswood Drive

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32308-7914

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

2/20/06

REGISTERED AGENT 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	R. Daniel Pace	1320 Thomaswood Dr	Tallahassee, FL 32308
VP	B Robison	4539 Lower Hawthorne	Cairo, GA 39828

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:

R. Daniel Pace 13 Feb 06

850

934 7263

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/26