

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10f2

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 MAY 18 PM 2:57

DOCUMENT # **399535**

1. Corporation Name

LAKE RECREATION, INC.

UBR
98-01

2. Principal Office Address

151 VARIETY TREE CIRCLE

Suite, Apt. #, etc.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

ALTAMONTE SPRINGS FL

Zip

32714

Country

SPAIN

City & State

Zip

32714

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

4/19/1972

5. FEI Number

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

HERBERT A. LIGHT

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

151 VARIETY TREE CIRCLE

Suite, Apt. #, Etc.

City

ALTAMONTE SPRINGS

State

FL

Zip Code

32714

500004417655

-06/13/01-01052-028

*****\$600.00 ***\$600.00**

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

[Signature]

REGISTERED AGENT MUST SIGN

Date **5/14/2001**

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.T.	HERBERT A. LIGHT	151 VARIETY TREE CR.	ALTAMONTE SPRINGS, FL 32714

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/14/2001

Date

407-882-0408

Daytime Phone #

CR2E081 (9/00)



Lake Recreation, Inc.
151 Variety Tree Circle
Altamonte Springs, Florida 32714
Telephone & Fax (407) 862-0408
May 14, 2001

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32399

Dear Sirs:

I just discovered that the above mentioned corporation has been made inactive for not reporting an annual report. Please be advised, that for some unexplained reason, The address for this corporation was not changed to my new address and the mail was not forwarded. My old address was 407 Lincoln Road, Miami Beach, FL 33139 and the current address is 151 Variety Tree Circle, Altamonte Springs, FL 32714.

I did not get the annual report form at the same time I got all the other corporate report forms. Therefore I forgot this corporation and it became inactive. Please, reinstate "LAKE RECREATION, INC. and Please, waive the Penalty. I am including, in this letter a check in the amount of \$600.00 for the renewal fees for the four years missed.

Thank You

A handwritten signature in cursive script, appearing to read "H. A. Licht", written over a horizontal line.

Herbert A. Licht, President
Lake Recreation Inc.