

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION <b>REINSTATEMENT</b>	FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **611917**

1. Corporation Name

**LANE HOMES, INC.**

Principal Place of Business

5542 FIRST COAST HWY.  
FERNANDINA BEACH FL 32034

Mailing Address

P.O. BOX 15279  
FERNANDINA BEACH FL 32035  
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

**03/06/1979**

5. FEI Number

**59-1914530**

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
VP	SCHARF, JOHN J	822 CANDLEKNOLL LN	JACKSONVILLE FL 32225
P	LANE, GREGORY R	8 RED CEDAR ROAD	AMELIA ISLAND FL 32034
VP	LANE, KEITH H	12 HICKORY LANE	AMEILA ISLAND FL 32034

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

LANE, GREGORY  
5542 FIRST COAST HIGHWAY  
FERNANDINA BEACH FL 32034

Name

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

Suite, Apt. #, Etc.

City

State

**FL**

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

**SIGNATURE REQUIRED**  
REGISTERED AGENT MUST SIGN

Date

**10/17/80**

11. I certify that I am an officer or director of 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 REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**10/17/80**

Daytime Phone #



00 OCT 19 PM 12:09

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

CR2E040 (8/00)

# LANE HOMES INC.

CERTIFIED GENERAL CONTRACTOR  
P.O. BOX 15279 • 5542 FIRST COAST HIGHWAY • AMELIA ISLAND, FL 32035  
(904) 261-4417 • FAX 277-2765

October 17, 2000

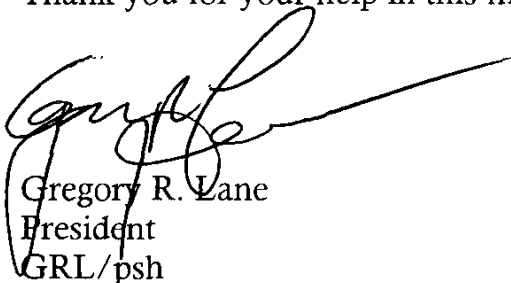
Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314-6327

Re: Corporation – Lane Homes, Inc.  
Document #: 611917

To Whom It May Concern:

Today we received the "Notice of Administrative Dissolution or Revocation" in the mail. This is the first packet we have received from your office this year. I was told by your office to send this letter to your office requesting reinstatement of our corporation, along with a check for \$150.00. From our past years as a corporation we have always sent the paperwork in early in order to keep our corporation on file with your office. I consider this paperwork important and would not ignore filing these documents. Please reinstate our corporation with the Florida Department of State.

Thank you for your help in this matter.



Gregory R. Lane  
President  
GRL/psh