

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 JUN -7 PM 3:05

DOCUMENT # 714892

1. Corporation Name

LAKE CHARLES IMPROVEMENT
ASSOCIATION INC.

KS

800181776938
06/07/10--01063--017 **2021.25

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

928 CRENSHAW LK. RD.

Suite, Apt. #, etc.

3. Mailing Office Address

928 CRENSHAW LK. RD.

Suite, Apt. #, etc.

City & State

LUTZ FL.

City & State

LUTZ FL.

Zip

33548 HILLS.

Country

Zip

33548 HILLS.

Country

4. Date Incorporated or Qualified
To Do Business in Florida

07/03/1968

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

RUSSELL D. YOUNKIN

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

928 CRENSHAW LK. RD.

Suite, Apt. #, Etc.

City

LUTZ

State

FL

Zip Code

33548

PROFIT CORPORATIONS ONLY

☐ The \$600.00 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

Russell D. Younkin

Date 6/4/2010

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
P	RUSSELL YOUNKIN	928 CRENSHAW LK. RD.	LUTZ FL. 33548
V	PAUL ESTRADA	928 CRENSHAW LK. RD.	LUTZ FL. 33548
S/T	MARY LOU YOUNKIN	928 CRENSHAW LK. RD.	LUTZ FL. 33548

10. E-mail Address:

RMJ.YOUNKIN@VERIZON.NET

(To be used for future annual report notification)

11. 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. I further certify, 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:

Russell D. Younkin

06/04/2010

941-915-3416

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #