

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

RECEIVED
DIVISION OF CORPORATIONS

13 JUL -2 PM 3:56

DOCUMENT # 764436

1. Corporation Name

Lake Placid Historical Society Depot Museum, Inc.

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

12 Park Avenue

Suite, Apt. #, etc.

Lake Placid

City & State

Florida

Zip

33852

Country

USA

3. Mailing Office Address

12 Park Avenue PO Box 304

Suite, Apt. #, etc.

Lake Placid

City & State

Florida

Zip

33852

Country

USA

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

8-4-1982

5. FEI Number

2277779

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

Richard Gerken

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

122 Club Road NW

Suite, Apt. #, Etc.

City

Lake Placid

State

FL

Zip Code

33852

REINSTATEMENT

700247954977
05/15/13--01017--004 **236.25
700247954977
07/02/13--01014--001 **70.00

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

Richard E. Gerken

REGISTERED AGENT MUST SIGN

Date 4/29/2013

JUL 2 2013

R. HUNT

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	Richard Gerken	122 Club Rd NW	Lake Placid, FL 33852
VP	Jerry Pendarvis	37 Dasker Rd	Lake Placid, FL 33852
CS	Sharon Gerken	122 Club Rd NW	Lake Placid, FL 33852
RS	Carol Skrodzki	108 Minorca St NE	Lake Placid, FL 33852
T	Marie Mills	PO Box 1303	Lake Placid, FL 33862
D	Charlene Blescoe	114 Shepherd Rd NW	Lake Placid, FL 33852

10. E-mail Address: gerken122@gmail.com

(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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Richard E. Gerken
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/2013

863-465-1771

Date

Daytime Phone #