


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT	 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **768728**

1. Corporation Name

NORTH LAKE LAND BUSINESS ASSOCIATION, INC.

Principal Place of Business 5920 U.S. HWY 98N P.O. BOX 24551 LAKELAND FL 33809 33802	Mailing Address 5920 U.S. HWY 98N P.O. BOX 24551 LAKELAND FL 33809 33802
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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
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. Date Incorporated or Qualified To Do Business in Florida 06/02/1983
5. FEI Number 59-2482338
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
CD	BOBBON, CANDY	4000 US HIGHWAY 98 N	LAKELAND FL 33809
VD	GITHENS, STEVE	1212 GEORGE JENKINS BLVD	LAKELAND FL 33801
PD	WILDER, JUDY	1001 CARPENTERS WY	LAKELAND FL 33809
Y/PD	TYLER, SANDI	5240 POST LN	LAKELAND FL 33809
STD	FORBES, JANE W.M. R. HARKINS	4420 US HIGHWAY 98 N 5517 U.S. Hwy 98N STE B	LAKELAND FL 33809

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

~~WILDER, JUDY~~
1001 CARPENTERS WY
LAKELAND FL 33809

Name **W.M. R. HARKINS**
Street Address (P.O. Box Number is Not Acceptable)
5517 U.S. Hwy 98N STE B
Suite, Apt. #, Etc.
LAKELAND
City
State **FL** Zip Code **33809**

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 **W.M. R. HARKINS**
REGISTERED AGENT MUST SIGN

Date **10-20-01**

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 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 **W.M. R. HARKINS**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **10-20-01** Daytime Phone # **863-853-2001**

FILED
01 OCT 24 AM 10:18
SECRETARY OF STATE
TALLAHASSEE FLORIDA



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