

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 MAR -8 AM 11:30

DOCUMENT # F01000006408

1. Corporation Name

LAKE-INDUSTRIAL SERVICES, INC.

2. Principal Office Address

12345 NARCOOSSEE ROAD

Suite, Apt. #, etc.

City & State

ORLANDO FL

Zip

32827

Country

USA

3. Mailing Office Address

12345 NARCOOSSEE ROAD

Suite, Apt. #, etc.

City & State

ORLANDO, FL

Zip

32827

Country

USA

REINSTATEMENT 02-05

4. Date Incorporated or Qualified
To Do Business in Florida

12/13/2001

5. FEI Number

22-3481664

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$5.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

DELLA M. MARKFERDING

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

12345 NARCOOSSEE ROAD

Suite, Apt. #, Etc.

City

ORLANDO

State

FL

Zip Code

32827

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 3/7/2005

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
PRES.	DELLA M. MARKFERDING	12345 NARCOOSSEE ROAD	ORLANDO, FL 32827

200048498632
03/15/05--01006--008 **1200.00

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

3/7/2005

Date

800-722-7070

Daytime Phone #

CR25061 (01/05)