

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE
		Katherine Harris Secretary of State DIVISION OF CORPORATIONS

**FILED**

99 AUG -9 AM 10:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F84149

1. Corporation Name

LYLE, INC.

Principal Place of Business

Mailing Address

710 30th Street  
Fort Meade, Florida 33841

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

2. New Principal Office Address, If Applicable

710 30th Street

3. New Mailing Office Address, If Applicable

710 30th Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Fort Meade, FL

City & State

Fort Meade, FL

Zip

33841

Country

Polk

Zip

33841

Country

Polk

4. Date Incorporated or Qualified To Do Business in Florida

6/4/82

5. FEI Number

59-2210212

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P	JAMES S. LYLE	710 30th Street	Fort Meade, FL 33841

8000002959978--6  
-08/13/99--01114--010  
\*\*\*1500.00 \*\*\*1500.00

**REINSTATEMENT 94-99 TS**

8. Name and Address of Current Registered Agent

JAMES S. LYLE  
710 30th Street  
Fort Meade, FL 33841

9. Name and Address of New Registered Agent

Name J. ROBERT DUGGAN  
Street Address (P.O. Box Number is Not Acceptable)  
1029 West Magnolia Street  
Suite, Apt. #, Etc.

City Leesburg, State FL Zip Code 34748

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

*J. Robert Duggan*

REGISTERED AGENT MUST SIGN

Date 8/6/99

11. This corporation owes the current year Intangible Personal Property Tax due June 30.

Yes ☐ No ☒

(See other side for information on intangible tax)

12. 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:

*JAMES S. LYLE*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES S. LYLE

8/6/99

Date

352-787-1440

Daytime Phone #

CR2E081 (12/98)