

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H62024

1. Corporation Name

LAND & WHEELS, INC.

2. Principal Office Address

5308 MEDULLA ROAD

Suite, Apt. #, etc.

City & State

LAKELAND, FL

Zip

33811

Country

POLK

3. Mailing Office Address

5308 MEDULLA ROAD

Suite, Apt. #, etc.

City & State

LAKELAND, FL

Zip

33811

Country

POLK

REINSTATEMENT

98-04
MRD

4. Date Incorporated or Qualified
To Do Business in Florida

06/13/85

5. FEI Number

59-2558255

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

CHARLES P. CHRITTON

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

5300 S. FLORIDA AVENUE, SUITE E2

Suite, Apt. #, Etc.

SUITE E2

City

LAKELAND

State

FL

Zip Code

33813

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

Charles P. Chritton

Date DECEMBER , 2003

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/S/T/D	LORETTA LIBBERT	5306 MEDULLA ROAD	LAKELAND, FL 33811

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:

Loretta E. Libbert 2/10/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

December , 2003 863/646-5091

Date,

Daytime Phone #

CR2E081 (10/02)