

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED AND FILED

97 FEB -6 AM 11:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS



DOCUMENT # **J14724**

1. Corporation Name

SULZBACHER & LANE, INC.

Principal Place of Business

Mailing Address

C/O MARY LANE
9951 ATLANTIC BLVD #225 **244**
JACKSONVILLE FL 32225

C/O MARY LANE
9951 ATLANTIC BLVD #225
JACKSONVILLE FL 32225



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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

134 South Smoke Rd
Palmarais, Fla.
46383

4. Date incorporated or Qualified To Do Business in Florida

05/13/1986

5. FEI Number

59-2669142

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
DV	LANE, MARY A.	14967 CAPE FOREST TRAIL	JACKSONVILLE FL
D	LANE, RICKY A.	14967 CAPE FOREST TRAIL	JACKSONVILLE FL
			400002085134--7
			82/12/97-01064-008
			****375.00 ****375.00
			REINSTATEMENT 1996

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

LANE, MARY A.
9951 ATLANTIC BLVD #225 **244**
JACKSONVILLE FL 32225

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

[Signature]
2/16/97

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

Mary A. Lane
REGISTERED AGENT MUST SIGN

Date

11/06/96

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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:

Mary A. Lane, MARY A. LANE, Pres. 11/06/96 **904 727-0080**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR25046 (7/96)