

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT  
FLORIDA DEPARTMENT OF STATE  
Division of Corporations  
2001 VBE

DOCUMENT # J26236

1. Corporation Name

THE BIKE SHOP OF WINTER HAVEN, INC.

Principal Place of Business

% WILLIAM LACK  
509 CYPRESS GARDENS BLVD.  
WINTER HAVEN FL 33880

Mailing Address

% WILLIAM LACK  
509 CYPRESS GARDENS BLVD.  
WINTER HAVEN FL 33880

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

07/29/1986

5. FEI Number

59-2704814

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	City / State / Zip
PTD	LACK, WILLIAM	850 OHLINGER RD	BABSON PARK FL
VSD	LACK, FRANCES	850 OHLINGER RD	BABSON PARK FL
P	LACK, DAVID	<del>714 OHLINGER RD</del> 850 Ohlinger Rd	BABSON PARK FL
			LS
			200004690202--7 -11/21/01--01016--001 *****150.00 *****150.00

8. Name and Address of Current Registered Agent

LACK, DAVID  
509 CYPRESS GARDENS BLVD  
WINTER HAVEN FL 33880

9. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
Suite, Apt. #, Etc.  
City State Zip Code  
FL

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 10-24-01

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-24-01

Date

863-299-9907

Daytime Phone #

202

To whom it may concern,

The annual report notice and  
second notice were never recieved.  
As per your office (phone 850-488-9000) a  
check in the amount of \$150.00 and  
the completed form to reinstate are  
enclosed. I was told this was what  
is necessary to solve this problem.

Thank you

David Lack

David Lack, Pres.

The Bike Shop of Winter Haven, Inc.

509 Cypress Gardens Blvd.

Winter Haven, FL, 33820

863-299-9907

Fax 863-297-4396

E-mail [bikeshopwh@juno.com](mailto:bikeshopwh@juno.com)