

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J35141

1. Corporation Name

LAKE REGION LAND COMPANY

2. Principal Office Address

6700 S. Florida Ave.

3. Mailing Office Address

P O Box 7220

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite #1

City & State

City & State

Lakeland, Florida

Lakeland, Florida

Zip

Country

Zip

Country

33813

USA

33807-7220

POLK

4. Date Incorporated or Qualified
To Do Business in Florida

9/25/86

SP

5. FEI Number

59-2951802

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

S. M. Ellsworth

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

6700 S. Florida Avenue

Suite, Apt. #, Etc.

Suite #1

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

S. M. Ellsworth
S. M. Ellsworth

REGISTERED AGENT MUST SIGN

Date **5/8/01**

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/D	S. M. Ellsworth	6700 S. Florida Ave. #6	Lakeland, FL 33813

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:

S. M. Ellsworth President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
S. M. Ellsworth, President

5/8/01

Date

(863) 647-5123

Daytime Phone #

FILED

01 MAY 11 PM 3:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 7-01

1200.00 - ADM
61.25 - AR
88.75 - AR&LP

CR02081 (9/00)