

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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



DOCUMENT # J74695

1. Corporation Name

Lettelier Enterprises Inc.

Principal Place of Business

Mailing Address

2599 NW 185 STREET
Citra, FL. 32113

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

2. New Principal Office Address, If Applicable

2599 NW 185 ST.

3. New Mailing Office Address, If Applicable

2599 NW 185 ST.

City & State

Citra, Florida

City & State

Citra Florida

Zip

32113

Country

USA

Zip

32113

Country

USA

REINSTATEMENT 97-99

4. Date Incorporated or Qualified To Do Business in Florida

5-26-87

5. FEI Number

69-2819529

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$6.75 A fee of \$6.75 is required for each 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.	Joseph Lettelier	2599 NW 185 ST.	Citra FL. 32113

700003059057-7
-12/02/99--01062--025
***1050.00 ***1050.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Joseph Lettelier
2599 NW 185 STREET
Citra, FL. 32113

Name

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

Suite, Apt. #, Etc.

City

State FL Zip Code

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

Joseph Lettelier

Date 11-10-99

REGISTERED AGENT MUST SIGN

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: Joseph Lettelier

Date 11-10-99 352-595-3450

CR2001 (12/98)