

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
AND
FILED

00 OCT 18 AM 9:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # **K03518**

1. Corporation Name **EAST LAKE ENTERPRISE, INC**

2. Principal Office Address

P. O. BOX 321395

Suite, Apt. #, etc.

320 N. ATLANTIC AVE 4A

City & State

COCOA BEACH, FL

Zip

32931

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/20/87

5. FEI Number

59-2903837

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

DON L. BALLEW

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

320 N. ATLANTIC AVE 4A

Suite, Apt. #, Etc.

COCOA BEACH,

City

400003447634-7

-11/01/00--01104--033

******908.75 ****908.75**

REINSTATEMENT

State

Zip Code

FL

32931

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

REGISTERED AGENT MUST SIGN

Date

Oct. 16, 2000

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
PD	DON BALLEW	320 N. ATLANTIC AVE 4A	COCOA BEACH, fl 32931
VPD	WILLIAM C IRVIN	450 L.HENDRICKS MTN. RD	JASPER, GA 30143
STD	SALLY BALLEW	1835 S. ATLANTIC AVE 704	COCOA BEACH, FL 32931

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Oct. 16, 2000

Date

321 783-2620

Daytime Phone #

CR2E081 (9/99)