

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 JAN 22 PM 4:00

DOCUMENT # *K36731*

1. Corporation Name

LAKE FOREST LANDING, INC.

000004880260--7
-02/05/02--01046--007
***1500.00 ***1500.00

2. Principal Office Address *P.O. Box 191*

106 HATLEY STREET SE

Suite, Apt. #, etc.

City & State

JASPER, FLORIDA

Zip

32052

Country

USA

3. Mailing Office Address *P.O. Box 191*

106 HATLEY STREET SE

Suite, Apt. #, etc.

City & State

JASPER, FLORIDA 32052

Zip

32052

Country

USA

REINSTATEMENT

**4. Date Incorporated or Qualified
To Do Business in Florida** *10/5/88*

5. FEI Number

59291515290

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

RONALD H. RATLIFF

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

14859 SE CR 137

Suite, Apt. #, Etc.

City

JASPER

State

FL

Zip Code

32052

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

1/18/02

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
D/P	<i>Ronald H. Ratliff</i>	<i>14859 SE CR 137</i>	<i>JASPER, FLORIDA 32052</i>
D/S	<i>JAMES M. MOODY</i>	<i>15000 State Road 6 EAST</i>	<i>JASPER, FLORIDA 32052</i>

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]

Ronald H. RATLIFF

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/02

Date

386-792-8484

Daytime Phone #

CR2E081 (8/01)