

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

05 DEC 12 PM 12:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K56513

1. Corporation Name

LLOYD REALTY CO.

2. Principal Office Address

2375 NE OCEAN BLVD.

3. Mailing Office Address

2883 GATLING BLVD.

Suite, Apt. #, etc.

D-202

Suite, Apt. #, etc.

City & State

STUART, FL

City & State

ORANGE PARK, FL 32065

Zip

34996

Country

USA

Zip

32065

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

01/09/89

5. FEI Number

65-0189952

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

L. GILBERT FARR

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

2883 GATLING BLVD

Suite, Apt. #, Etc.

City

ORANGE PARK, FL

State

FL

Zip Code

32065

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

L. Gilbert Farr

Date 12/08/2005

REGISTERED AGENT MUST SIGN

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	L. GILBERT FARR	2883 GATLING BLVD.	ORANGE PARK, FL 32065
VP	SUSAN WILSON	2883 GATLING BLVD.	ORANGE PARK, FL 32065
S	BONNIE WALDEN	2883 GATLING BLVD.	ORANGE PARK, FL 32065

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:

L. Gilbert Farr L. Gilbert Farr

12/08/2005

(904) 945-5284

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #