

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

01 MAR 26 AM 9:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **44575**

1. Corporation Name

5 L. D., Inc.

2. Principal Office Address

16649 N. City Rd. 349

Suite, Apt. #, etc.

3. Mailing Office Address

16649 N. City Rd. 349

Suite, Apt. #, etc.

City & State

McAlpin, FL

Zip

32062

Country

Swansee

City & State

McAlpin, FL

Zip

32062

Country

Swansee

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

1/12/1990

5. FEI Number

593003575

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

Lloyd C. Hawthorne

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

16649 N. City Rd. 349

Suite, Apt. #, Etc.

City

McAlpin

State

FL

Zip Code

32062

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

Lloyd C. Hawthorne

REGISTERED AGENT MUST SIGN

Date

3/20/01

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

Pres	Kay Hawthorne	16649 N. City Rd 349	McAlpin, FL 32062
Sec. Treas.	Lloyd C. Hawthorne	16649 N. City Rd. 349	McAlpin, FL 32062

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: **Kay Hawthorne**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/01

Date

386-776-1388

Daytime Phone #

CR2E081 (9/00)