

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 APR -8 AM 9:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N01000004082

1. Corporation Name

Highlands County LPFM, Inc.

REINSTATEMENT 02-03

700015442987
04/08/03--01001--014 **297.50

2. Principal Office Address 1525 West Avon Blvd Suite, Apt. #, etc. City & State Avon Park, FL Zip 33825		3. Mailing Office Address 1525 West Avon Blvd Suite, Apt. #, etc. City & State Avon Park, FL Zip 33825	
Country USA		Country USA	

4. Date Incorporated or Qualified To Do Business In Florida 06-12-2001	
5. FEI Number	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name
Bill Farmer

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

1525 West Avon Boulevard

Suite, Apt. #, Etc.

City
Avon Park

State
FL

Zip Code
33825

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

William E. Farmer

REGISTERED AGENT MUST SIGN

Date 4-3-03

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	Bill Farmer	1525 West Avon Blvd	Avon Park, FL 33825
VSD	John Harding	4200 Sun'n Lake Blvd	Sebring, FL 33872
D	Jim Armstrong	2580 Osceola North	Avon Park, FL 33825
D	David Jensen	2631 Island Drive	Sebring, FL 33870

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

4-3-03

Date

863-453-3131

Daytime Phone #

CR2E081 (1/0/02)