

2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N05000003360 1. Entity Name LAKE BUSINESS LEADERS INC.	
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FILED
08 NOV -5 AM 11:07
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 21816 ROYAL STREET GEORGES LANE LEESBURG, FL 34748	Mailing Address 21816 ROYAL STREET GEORGES LANE LEESBURG, FL 34748
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2. Principal Place of Business - No P.O. Box # 33947 Lee Ave	3. Mailing Address 33947 Lee Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.



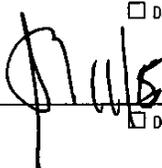
City & State Leesburg FL	City & State Leesburg FL	4. FEI Number 36-4572229	Applied For <input type="checkbox"/> Not Applicable
Zip 34788	Country USA	Zip 34788	Country USA

6. Name and Address of Current Registered Agent WOLLERT, CHARLES M 21816 ROYAL STREET GEROGES LANE LEESBURG, FL 34748	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$61.25 After January 1, 2009, Fee will be \$122.50	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P WOLLERT, CHARLES M	<input checked="" type="checkbox"/> Delete	TITLE	Jeff Stephan	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	21816 ROYAL STREET GEORGES LANE		NAME	332 S Center St	
STREET ADDRESS	LEESBURG, FL 34748		STREET ADDRESS	Leesburg, FL 32726	
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	Hays Ginn	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DODD, MICHELLE		NAME	744 Bossiter St.	
STREET ADDRESS	314 EAST ALFRED STREET		STREET ADDRESS	Mount Dora, FL 32757	
CITY-ST-ZIP	TAVARES, FL 32778		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	Kathy Hill	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEPHEN, JEFF		NAME	1003 E. North Blvd. Suite 1	
STREET ADDRESS	31569 PROGRESS ROAD		STREET ADDRESS	Leesburg, FL 34748	
CITY-ST-ZIP	LEESBURG, FL 34788		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	Laura Luay	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HILL, KATHY		NAME	10670 U.S. Hwy 441	
STREET ADDRESS	1003 E NORTH BLVD STE 1		STREET ADDRESS	Leesburg, FL 34748	
CITY-ST-ZIP	LEESBURG, FL 34748		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  Date: 10/30/08 Daytime Phone #: 352-483-7060