

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N08000003773

FILED
Nov 04, 2009
Secretary of State

Entity Name: LAKE CITY JOY RIDERS, II. INC.

Current Principal Place of Business:

151 NW KIMBLE GLN
LAKE CITY, FL 32055

New Principal Place of Business:

Current Mailing Address:

151 NW KIMBLE GLN
LAKE CITY, FL 32055

New Mailing Address:

FEI Number: 37-1581457 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

TAYLOR, ESTRALITA
203 NE TRINITY PLACE
LAKE CITY, FL 32055 US

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.

SIGNATURE: ESTRALITA TAYLOR

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: KIMBLE, GABRIEL
Address: 151 NW KIMBLE GLN
City-St-Zip: LAKE CITY, FL 32055

Title: V () Delete
Name: JERRY, JOHNNY
Address: 4853 NW LAKE JEFFREY ROAD
City-St-Zip: LAKE CITY, FL 32055

Title: T () Delete
Name: WATSON, CARLTON
Address: 11884 SR 47
City-St-Zip: FT. WHITE, FL 32038

Title: S () Delete
Name: TAYLOR, E
Address: 203 NE TRINITY PLACE
City-St-Zip: LAKE CITY, FL 32055

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ESTRALITA TAYLOR

SEC

11/04/2009

Electronic Signature of Signing Officer or Director

Date