

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N19070**

1. Corporation Name

LAKE WALES MAIN STREET, INC.

2. Principal Office Address

249 EAST STUART AVE.

Suite, Apt. #, etc.

City & State

LAKE WALES, FL

Zip

33853

Country

UNITED STATES

3. Mailing Office Address

249 EAST STUART AVE

Suite, Apt. #, etc.

City & State

LAKE WALES, FL

Zip

33853

Country

UNITED STATES

REINSTATEMENT

01-04

300029409453
02/25/04--01070--015 **245.00

**4. Date Incorporated or Qualified
To Do Business in Florida**

2-3-87

5. FEI Number

59-2774401

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

PATRICK D. CAIN

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

229 E. STUART AVE

Suite, Apt. #, Etc.

City

LAKE WALES

State

FL

Zip Code

33853

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

REGISTERED AGENT MUST SIGN

Date

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	JUDY KAHLER	249 EAST STUART AVE.	LAKE WALES, FL 33853
VP	ELISA PEDERSEN	✓	✓
S	SARAH PADGETT	✓	✓
T	WILLIAM JACOBS	✓	✓

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:

William M. Jacobs
WILLIAM M. JACOBS, TREASURER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-23-04

Date

863-676-7981

Daytime Phone #

CR2E081 (10/02)



February 23, 2004

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

As treasurer of Lake Wales Main Street, Inc., I am writing this letter to request that you reinstate this non-profit corporation to active status. The corporation has not received its uniform business report for the last several years. This corporation has had several officer and address changes over the last few years and the mailing address has been changed several times. When I called your office to inquire about the status, I was notified that all of the last four years' UBR's had been returned by the post office to you due to an incorrect address.

I am enclosing a completed corporation reinstatement form as well as a check for \$245, which should reinstate the corporation. Thank you in advance for your assistance. If you should have any questions please contact William M. Jacobs at (863) 676-7981.

Very truly yours,

A handwritten signature in black ink that reads "William M. Jacobs". The signature is written in a cursive style with a large, stylized "W" and "J".

William M. Jacobs

Treasurer, Lake Wales Main Street, Inc.

A MAIN STREET CITY