

# 2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N29150

1. Entity Name  
L.L.Y.A., INC.



Principal Place of Business  
6527 MERRILL RD.  
JACKSONVILLE, FL 32277 US

Mailing Address  
P O BOX 15096  
JACKSONVILLE, FL 32239

FILED

04 OCT 29 PM 3:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10212004 REIN-NP

CR2E099 (6/04)

4. FEI Number  
59-2941733

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CUMMINGS, WILLIE D  
8511 MATHONIA AVE  
JACKSONVILLE, FL 32211

Name

HARRIS, KARL D

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

4910 BLOUNT VISTA CT

City

JACKSONVILLE

FL

Zip Code

32225

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.

000042313460  
10/29/04--01051--001 \*\*\$61.25

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$61.25  
After January 1, 2005, 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

10. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> Delete
NAME	HARRIS, KARL	
STREET ADDRESS	10135 GATE PARKWAY N #116	
CITY-ST-ZIP	JACKSONVILLE, FL 32246	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	CUMMINGS, WILLIE D	
STREET ADDRESS	8511 MATHONIA AVE	
CITY-ST-ZIP	JACKSONVILLE, FL 32211	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	WILLIAMS, CHENITA	
STREET ADDRESS	2579 WOOLERY DR	
CITY-ST-ZIP	JACKSONVILLE, FL 32211	
TITLE	SD	<input type="checkbox"/> Delete
NAME	DEANDROUS, JOHNSON	
STREET ADDRESS	2579 WOOLERY DRIVE	
CITY-ST-ZIP	JACKSONVILLE, FL 32211	
TITLE	VD	<input type="checkbox"/> Delete
NAME	LARSON, KEITH	
STREET ADDRESS	3256 FRUITWOOD LN	
CITY-ST-ZIP	JACKSONVILLE, FL 32256	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRIS, KARL D	
STREET ADDRESS	4910 BLOUNT VISTA CT	
CITY-ST-ZIP	JACKSONVILLE, FL 32225	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRIS, KEN	
STREET ADDRESS	7123 OAKNEY RD	
CITY-ST-ZIP	JACKSONVILLE, FL 32211	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, DEANDROUS	
STREET ADDRESS	2579 WOOLERY DR	
CITY-ST-ZIP	JACKSONVILLE, FL 32211	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GRODIVANT, LAURA	
STREET ADDRESS	21691 UNIVERSITY BLVD N #E14	
CITY-ST-ZIP	JACKSONVILLE, FL 32211	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LARSON, KEITH	
STREET ADDRESS	3256 FRUITWOOD LN	
CITY-ST-ZIP	JACKSONVILLE, FL 32277	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KARL D HARRIS

10/23/04

Date

(904) 361-8037

Daytime Phone #