


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
Dec 15, 2005 8:00 A.M.
Secretary of State

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **N44984**

1. Corporation Name

LAKE COUNTY RAIL TRAINS, INC.

2. Principal Office Address

2874 E. CROOKED LK. DR.
 Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 1863
 Suite, Apt. #, etc.

City & State

EUSTIS, FL

Zip **32726** Country **USA**

City & State

MOUNT DORA, FL

Zip **32757** Country **USA**

CR2E081 (8/05)

4. Date Incorporated or Qualified To Do Business in Florida

09/04/1991

5. FEI Number

59-3864324

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

GENE MOLNAR

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

2874 EAST CROOKED LAKE DRIVE
 Suite, Apt. #, Etc.

City

EUSTIS

State

FL

Zip Code

32726

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

Gene Molnar

Date

12/15/2005

REGISTERED AGENT MUST SIGN

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	GENE MOLNAR	2874 E. CROOKED LK. DR.	EUSTIS, FL 32726
V	JIM HILL	1204 8 TH STREET	LEESBURG, FL 34748
S	ELOISE FISHER	327 LAURA LANE	MOUNT DORA, FL 32757
TD	WILLIAM C. DAVIS	800 PALM AVE.	LEESBURG, FL 34748
D	SUZANNE REYNOLDS	1111 LAKESHORE DR. V-6	EUSTIS, FL 32726
D	JIM FISHER	327 LAURA LANE	MOUNT DORA, FL 32757

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:

GENE MOLNAR
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/15/2005

Daytime Phone #

352/383-4201

DEC 16 2005