

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
01 NOV 16 PM 3:51

DOCUMENT # P00000087044

1. Corporation Name

LAKE HILL HARVESTING, INC.

Principal Place of Business

3240 POPINJAY AVE  
LAKE PLACID FL 33852

Mailing Address

3240 POPINJAY AVE  
LAKE PLACID FL 33852



If above addresses are incorrect in any way, line through incorrect information and enter correction below

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

09/13/2000

5. FEI Number

59-3671740

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	PRIDGEN, RONALD N JR	3240 POPINJAY AVE	LAKE PLACID FL 33852
	Should be Senior - Ronald N. Pridden Sr.		
			500004704925-4 -12/04/01--01093--007 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

CAPITAL CONNECTION, INC.  
417 E VIRGINIA ST, STE 1  
TALLAHASSEE FL 32301

9. Name and Address of New Registered Agent

Name: Ronald N. Pridden Sr.  
Street Address (P.O. Box Number is Not Acceptable): 3240 Popinjay Ave  
Suite, Apt. #, Etc.:  
City: Lake Placid State: FL Zip Code: 33852

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

SIGNATURE REQUIRED  
Ronald N. Pridden Sr.

Date

11-14-01

11. 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

SIGNATURE REQUIRED  
Ronald N. Pridden Sr.

Date

Daytime Phone #

Sr. Pres. 11-14-01 863-465-6603



**FACSIMILE TRANSMISSION  
INTERNAL REVENUE SERVICE**

**ATLANTA SERVICE CENTER  
PO BOX 47-421  
TELE-TIN UNIT STOP 751  
DORAVILLE, GA 30362**

DATE 9/27/2000 RECD \_\_\_\_\_ TIME \_\_\_\_\_

NAME \_\_\_\_\_ FAX NUMBER \_\_\_\_\_

Lisa Myers

863-773-2590

**IF YOU HAVE ANY QUESTIONS ABOUT ANY FAX RECEIVED FROM OUR  
OFFICE PLEASE CALL US AT (678) 530-7905 OR (678) 530-7902**

**TOTAL PAGE: 1**

**COMMENTS: WE HAVE ASSIGNED AN EMPLOYER IDENTIFICATION  
NUMBER FOR THE ENTITY(IES) SHOWN BELOW. YOU SHOULD  
RECEIVE WRITTEN NOTIFICATION OF YOUR EMPLOYER  
IDENTIFICATION NUMBER(S) WITHIN 30 DAYS.**

**COMPANY NAME:**

Lake Hill Harvesting, Inc.

**EMPLOYER IDENTIFICATION NUMBER (EIN):**

59-3671740

**COMPANY NAME:**

**EMPLOYER IDENTIFICATION NUMBER (EIN):**

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