

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 OCT 17 AM 11:43

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # *D 00000089195*

1. Corporation Name

LAKE JACKSON HOME CENTER, INC.

2. Principal Office Address

1500 Florida-Georgia Hwy.

Suite, Apt. #, etc.

City & State

HAVANA, FL.

Zip

32333

Country

USA

3. Mailing Office Address

1500 Florida-Georgia Hwy.

Suite, Apt. #, etc.

City & State

HAVANA, FL.

Zip

32333

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

9/20/00

5. FEI Number

06 1596398

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

GARY HOBERT

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

4722 KNOXWOOD DR.

Suite, Apt. #, Etc.

City

Tallahassee

State
FL

Zip Code

32303

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

10/17/02

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
<i>President</i>	<i>GARY J. HOBERT</i>	<i>4722 KNOXWOOD DR.</i>	<i>Tallahassee, FL. 32303</i>

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/17/02
Date

850/539-1277
Daytime Phone #

CR2E081 (9/01)

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LAKE JACKSON HOME CENTER

We Sell Homes For Less
1500 FLORIDA-GEORGIA HWY.
HAVANA, FL. 32333

www.lakejacksonhomecenter.com

Ph.: (850) 539-1277

Fax: (850) 539-8815

10/17/02

Department of State
Division of Corporations
409 East Gaines St.
Tallahassee, FL 32399

To Whom It May Concern:

I have never received the 1st or 2nd notice for filing my corporate annual report for 2002. It would never have been my intention to not file my report for 2002 on time, knowing that there would be a large penalty if I did not. I ask that you waive the penalty for reinstatement of my corporate status.

Sincerely,



Gary J. Hobert
President