

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 MAR 28 AM 10:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 00000089195

1. Corporation Name

Lake Jackson Home Center, Inc.

2. Principal Office Address - No P.O. Box #

4722 Knollwood Dr.

Suite, Apt. #, etc.

City & State

Tallahassee, FL

Zip

32303

Country

USA

3. Mailing Office Address

P.O. Box 180325

Suite, Apt. #, etc.

City & State

Tallahassee, FL

Zip

32318

Country

USA

REINSTATEMENT 05-07
CR2E081 (1/07)

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

9/20/00

5. FEI Number

00-1596398

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 J. Hobert

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

4722 Knollwood Dr.

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32303



The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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**

Gary J. Hobert
REGISTERED AGENT MUST SIGN

Date

3/28/07

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	GARY HOBERT	4722 Knollwood Dr.	Tallahassee, FL 32303
			100095917431
			04/05/07--01056--013 **450.00

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 contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/28/07

Daytime Phone #

850-251-7107