

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV 18 AM 11:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000093638

1. Corporation Name

LANCE BAKER CONSTRUCTION, INC.

Principal Place of Business

3504 CENTURY BLVD., UNIT 4
LAKELAND FL 33811

Mailing Address

3504 CENTURY BLVD., UNIT 4
LAKELAND FL 33811

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/02/2000

5. FEI Number

59-3707018

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
PVST	BAKER, LANCE II	3504 CENTURY BLVD., UNIT 4	LAKELAND FL 33811

800009051508
11/18/02--01081--023 **550.00

8. Name and Address of Current Registered Agent

BAKER, II, LANCE
4668 WILLIAMSTOWN BLVD.
LAKELAND FL 33810

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

Lance Baker II
SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

10-12-02

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

Lance Baker II
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-12-02

Daytime Phone #

CR2E040 (8/02)

www.lancebakerconst.com



St. Lic. #CBC059608

3504 Century Blvd., Unit 4
Lakeland, FL 33811

Office: (863) 581-1900
Fax: (863) 647-0937

To whom it may concern:

This letter is to dispute the letter I received to dissolve my corporation. I sent off my 2002 Uniform Business Report (UBR) on 8-19-02, then this past week I got this letter about the Administrative Dissolution or Revocation. So I called the number inside the packet [(850) 245-6059] and the lady told me to check with my bank to see if the check had cleared, if not send a copy of the (UBR) I sent off on 8-19-02, if I had one. She then told me to write a letter explaining what happened, with a check for \$550.00. If you have any questions please call me at (863) 581-1900.

**Thank you,
Lance D. Baker II**

Lance D. Baker II