

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

APPROVED
AND
FILED

01 OCT 31 AM 9:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P00000101558**

1. Corporation Name

LUCAS COMMUNICATIONS, INC.

Principal Place of Business

**2736 OAK PARK COURT
TALLAHASSEE FL 32308**

Mailing Address

**2736 OAK PARK COURT
TALLAHASSEE FL 32308**

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

2. New Principal Office Address, If Applicable

2500 Minnesota Ave.

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Lynn Haven, FL

Zip

32444-4815

Country

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/30/2000

5. FEI Number

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	BURREIGHS, LAWRENCE	2736 OAK PARK COURT	TALLAHASSEE FL 32308
D	LUCAS, JANICE L	2736 OAK PARK COURT	TALLAHASSEE FL 32308

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****150.00 ****150.00

8. Name and Address of Current Registered Agent

SCOTT, CECILE EST.

38 OAK AVE.

PANAMA CITY FL 32401

Janice L. Lucas

9. Name and Address of New Registered Agent

Name

Janice L. Lucas

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

2500 Minnesota Avenue

Suite, Apt. #, Etc.

Suite 106

City

Lynn Haven

State

FL

Zip Code

32444

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

Janice L. Lucas

REGISTERED AGENT MUST SIGN

Date

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:

Janice L. Lucas

Date

Daytime Phone #



Qualitative Dialogue Determines Direction

October 29, 2001

Ms. Karon Beyer
Florida Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

RE: Corporation: Lucas Communications, Inc.
EIN: 59-3678398
Document #: P00000101558
Form: 2001 Uniform Business Report

Dear Ms. Beyer:

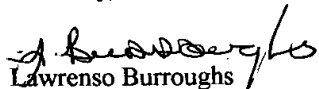
Please find enclosed a uniform business report form for the referenced corporation along with a check for the filing fee of \$150.

Our corporation was not timely renewed because we did not receive the original renewal form for 2001.

We respectfully request your assistance in processing this renewal and a waiver of the penalty due to the fact that the referenced corporation never received the original uniform business report form.

If you have any questions, please advise.

Sincerely,



Lawrence Burroughs
Lucas Communications, Inc.

cc: William B. Steiner,
Certified Public Accountant