

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

03 JAN 15 AM 9:16

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # P01000017441

1. Corporation Name

LUCY, INC.

Principal Place of Business

3230 COUNTY RD 1  
PALM HARBOR FL 34683

Mailing Address

3230 COUNTY RD 1  
PALM HARBOR FL 34683

Dunedin, FL 34698



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

2. New Principal Office Address, If Applicable

~~3230 County Rd 1~~

Suite, Apt. #, etc.

City & State

Dunedin FL

Zip

34698

Country

USA

3. New Mailing Office Address, If Applicable

~~3230 County Rd 1~~

Suite, Apt. #, etc.

City & State

Dunedin, FL

Zip

34698

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

02/14/2001

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4

500010138795  
01/15/03--01067--013 \*\*\*150.00

8. Name and Address of Current Registered Agent

BOSLEY, LUCINDA A  
3230 COUNTY RD 1  
PALM HARBOR FL 34683

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

CR2ED40 (8/02)

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



REGISTERED AGENT MUST SIGN

Date 12/16/02

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: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

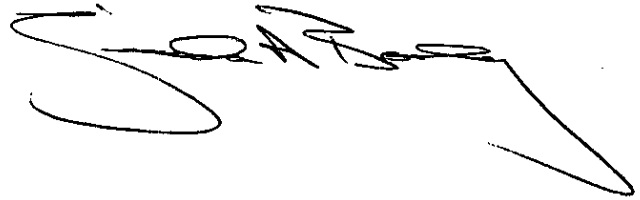
*December 10, 2002*

*To Whom It May Concern:*

*Please be advised, that secondary to an address change during this past year I did not receive the previous notifications regarding my UBR. Although our site has not changed, the city and zip are new. As you can imagine, this has caused quite the mess with our mail-service. Some mail got through and some did not. Please accept my application for re-instatement and the enclosed check.*

*Thank you for your help,*

*Lucinda A Bosley*

A handwritten signature in black ink, appearing to read 'Lucinda A. Bosley', with a large, sweeping flourish extending to the right.