

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P01000073421

1. Entity Name  
LAKE RECEPTIONS, INC.



FILED

05 MAY -2 PM 6:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
4425 HWY 19 N.  
MOUNT DORA, FL 32757

Mailing Address  
P.O. BOX 704  
MOUNT DORA, FL 32757

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04052005

REIN-P

CR2E098 (6/04)

4. FEI Number

59-3734554

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CROSON, JAMES A  
1322 ELYSIUM BLVD  
MOUNT DORA, FL 32757

7. Name and Address of Now Registered Agent

Name

SAME

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*J. Croson, CEO & OWNER*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-11-05

DATE

FILE NOW!!! FEE IS \$900.00

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	CROSON, JAMES A	
STREET ADDRESS	1322 ELYSIUM BLVD	
CITY-ST-ZIP	MOUNT DORA, FL 32757	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	BATES, JULIE	
STREET ADDRESS	P.O. BOX 1677	
CITY-ST-ZIP	UMATILLA, FL 32784	
TITLE	P	<input type="checkbox"/> Delete
NAME	Preston French	
STREET ADDRESS	4501 State RT 19A	
CITY-ST-ZIP	Mt. Dora, FL 32757	
TITLE	VP	<input type="checkbox"/> Delete
NAME	LARRY VOLLEGESANG	
STREET ADDRESS	1099 GROVE LN	
CITY-ST-ZIP	Mt Dora FL 32757	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	300054687793	
STREET ADDRESS	05/17/05--01065--024 **\$900.00	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X

*Preston French*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X

4-11-05 -352-483-3874

Date

Daytime Phone #