## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

# **APPLICATION FOR** REINSTATEMENT



### FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State

**DIVISION OF CORPORATIONS** 

### DOCUMENT # P01000093963

1. porporation Name

SOUTHERN HOMES OF LAKE CITY, INC.

Principal Place of Business

Mailing Address

3752 US LAKE CIT

Registered Agent

FILED

03 NOV -6 AM 8: 25

SECRETARY OF STATE TALLAHASSEE, FLORIDA

HWY 90 W Y FL 32055	3752 US HWY 90 W LAKE CITY FL 32055		
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	ddresses are incorrect in any way, line through incorre	ect information and enter	r correction below!	7 II CO D II I					
$R_{T}$	12 Box 43	Mailing Office Address, If		Date Incorporated or Qualified     To Do Business in Florida     09/24/2001		1/2001			
Suite, Apt.	#, etc. Suite, Ap	)I. #, etc.		5. FEI Number		Applied For			
City & State	City & St	rate 1			59-3760779				
AV		KE CITY	E City FL		59-3/60//9 Not Applicable				
<sup>zip</sup> 32	Country Zip	2025 Count	ĽSA-	6. CERTIFICATE OF STATUS DESIRED S8.75 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				
· P	LIPTHROTT, WILLIAM M	RT 12 BOX 43	·		LAKE CITY FL 32055				
VPST	LIPTHROTT, KIM P	RT 12 BOX 43			LAKE CITY FL 32055				
				90 11/06	002447549 03-01015021 *	3 <b>9</b> ∗158.75			
				,					
8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent									
LIPTHROTT, WILLIAM M 4760 US HWY 90 WEST LAKE CITY FL 32055			Street Address (P.O. Box Number is Not Acceptable)  RT 12 BOX 43  Suite, Apt. #, Etc.						
			City LACE CITY State Zip Code FL 32325						
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0905, F.S. or 617.0505, F.S.									

11. I certify that I am an officer or director or the receiver or bustle 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.

ordstriker.

REGISTERED AGENT MUST SIGN

Our Customer's Are No. 1

# 4KECITY, F132025

Lake City, FL-32024

RT12 B0243

386-754-1444 Fax: 386-754-0084

November 3, 2003

**Division of Corporations** Annual Report/Reinstatement Section P. O. Box 6327 Tallahassee, Fl. 32314-6327

To Whom It May Concern:

This is to inform you I never received notice that this fee was due. Southern Homes of Lake City, Inc., has not been at this mailing address since 12/31/02 (3752 W. US 90 Lake City, Fl. 32055).

The new address is Route 12, Box 43, Lake City, Florida, 32025.

Sincerely,

William M. Lipthrott

President

Attachment