

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 23 AM 11:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000076842**

1. Corporation Name

LENTZ WELL DRILLING, INC.

Principal Place of Business

Mailing Address

3 BAHIA PASS LANE
OCALA FL 34472

3 BAHIA PASS LANE
OCALA FL 34472

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

07/15/2002

5. FEI Number

Applied For

76-0714368

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)

| 1 Title(s) | 2 Name of Officers and/or Directors | 3 Street Address of Each Officer and/or Director | 4 City / State / Zip |
|---------------|---|--|-------------------------|
| D | LENTZ, GARRY A | 3 BAHIA PASS LANE | OCALA FL 34472 |
| D | LENTZ, LESLIE K | 3 BAHIA PASS LANE | OCALA FL 34472 |
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| | | | |

600024056806
10/23/03--01084--023 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

LENTZ, GARRY A
3 BAHIA PASS LANE
OCALA FL 34472

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

Date 10-18-03

REGISTERED AGENT MUST SIGN

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-18-03
Date

352
687-2294
Daytime Phone #

CR20040 (7/03)

October 12, 2003

Department of State
Divisions of Corporations
PO Box 6327
Tallahassee, FL 32314

Lentz Well Drilling, Inc.
3 Bahia Pass Lane
Ocala, FL 34472

Re: Reinstatement of Corporation

To Whom It May Concern;

We are asking that the reinstatement fees be waived to reinstate our corporation.
We did not receive the two prior uniform business report notices.

We have enclosed the reinstatement application and the filing fee of \$150.00.

Thank you.



Garry A Lentz
President

encl.