

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

paper

**APPLICATION
FOR
REINSTATEMENT**



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

DOCUMENT # P02000077266

1. Corporation Name

LANE HOUK, P.A.

Principal Place of Business

Mailing Address

2721 LAKE PK CIR W
DAVIE FL 33328

2721 LAKE PK CIR W
DAVIE FL 33328

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

07/16/2002

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
DPTS	HOUK, LANE	2721 LAKE PK CIR W	DAVIE FL 33328

REINSTATEMENT

TS

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HOUK, LANE
2721 LAKE PK CIR W
DAVIE FL 33328

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

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:

Lane Houk

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/15/2003

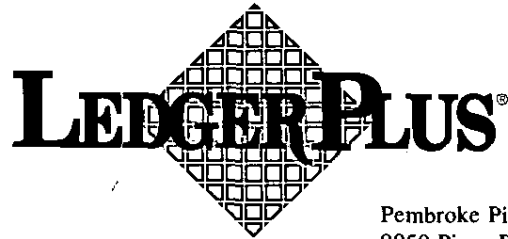
Date

954-472-9144

Daytime Phone #

CR2E040 (7/03)

Page 2 of 2



October 19, 2003

Pembroke Pines Professional Centre
9050 Pines Blvd. #450
Pembroke Pines, FL 33024
(954) 450-9906
FAX (954) 450-9908
E-mail fransonph@earthlink.net

Florida Secretary of State
Division of Corporations
Mr. Tyrone Scott
409 E. Gaines Street
Tallahassee, FL 32399

Dear Mr. Scott

My name is Paul Franson and I am the accountant for Lane Houk, PA. The owner of the business did not receive the 2003 UBR. We would respectfully request that the penalties be abated. Please find a reinstatement for 2003 and a check for \$150.

Sincerely,

A handwritten signature in black ink, appearing to read "Paul Franson", with a long horizontal line extending to the right.

Paul Franson, CPA