

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000089432

1. Corporation Name

LAKANUKI'S ENTERPRISES, INC.

2. Principal Office Address - No P.O. Box #
6201 Minaret Road

3. Mailing Office Address
2000 VENETIAN WAY

Suite, Apt. #, etc.
Suite 200

Suite, Apt. #, etc.

City & State
Mammoth Lakes, CA

City & State
WINTER PARK, FL

Zip
93546

Country
USA

Zip
32789

Country
USA

7. Name and Address of Current Registered Agent

Name
Joel Springman

Street Address (P.O. Box Number is Not Acceptable)
2000 VENETIAN WAY

Suite, Apt. #, Etc.

City
Winter Park

State
FL

Zip Code
32789

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

2/23/07

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres.	Joel Springman	2000 VENETIAN WAY	Winter Park, FL 32789
Sec.	Cathy Springman	2000 VENETIAN WAY	Winter Park, FL 32789

10. 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 contained in Chapter 119, 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

2/2/07

Date

Daytime Phone #

407-230-4084

FILED

07 FEB 26 AM 10:41

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

800089979938
03/02/07--01003--004 **1200.00

REINSTATEMENT 04-07

CR2E081 (1/07)

4. Date Incorporated or Qualified
To Do Business in Florida **8/14/2002**

5. FEI Number
510422952

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ \$8.75 Additional Fee required
for a Certificate of Status

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.