

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 JAN 22 PM 1:36

DOCUMENT #

1. Corporation Name

P02000089432

Lakanuki's Enterprises, Inc.

2. Principal Office Address - No P.O. Box #

6201 Minaret Road

Suite, Apt. #, etc.

Suite 200

City & State

Mammoth Lakes, CA

Zip

93546

Country

USA

3. Mailing Office Address

534 Manor Rd.

Suite, Apt. #, etc.

City & State

Maitland FL

Zip

32751

Country

USA

700166944767
01/22/10--01029--010 **450.00
CR2E081 (11/09)

KS

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

7. Name and Address of Current Registered Agent

Name

Joel Springman

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

534 Manor Rd.

Suite, Apt. #, Etc.

City

Maitland

State

FL

Zip Code

32751

☒ 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.

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

Joel Springman

REGISTERED AGENT MUST SIGN

Date 1-19-2010

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
P	Joel Springman	534 Manor Rd	Maitland FL 32751
S	Cathy Springman	534 Manor Rd	Maitland FL 32751

REINSTATEMENT 08-10

10. E-mail Address: cspringman@aol.com

(To be used for future annual report notification)

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. I further certify, 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:

Joel Springman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-19-2010 407-629-5839

Date

Daytime Phone #