


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
04 JAN -3 AM 10:03  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # 02000094756  
1. Corporation Name  
**LAKE CITY MANAGEMENT GROUP, INC.**

**REINSTATEMENT 03**

2. Principal Office Address <b>ROUTE 19 BOX 640</b>		3. Mailing Office Address <b>PO BOX 252</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>LAKE CITY, FL</b>		City & State <b>LAKE CITY, FL</b>	
Zip <b>32025</b>	Country <b>USA</b>	Zip <b>32056</b>	Country <b>USA</b>

**500025969685**  
01/05/04--01017--013 \*\*758.75

4. Date Incorporated or Qualified To Do Business in Florida <b>8/29/2002</b>	Applied For
5. FEI Number <b>76-0708951</b>	Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>	\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

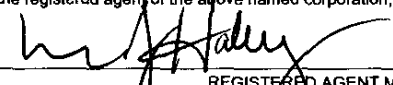
Name **WILLIAM J HALEY**

Street Address (P.O. Box Number is Not Acceptable) **116 NW COLUMBIA AVENUE**

Suite, Apt. #, Etc.

City **LAKE CITY** State **FL** Zip Code **32055**

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.

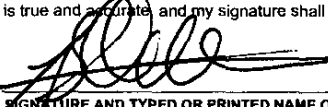
Signature of Registered Agent  Date **12/30/03**

REGISTERED AGENT MUST SIGN

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
D	F.S. OOSTERHOUDT, III	ROUTE 16 BOX 606	LAKE CITY, FL 32055

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 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:  Date **12/30/03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E081 (10/02)