

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 OCT 29 PM 1:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P03000005233

**1. Corporation Name**

LCF, Inc.

**2. Principal Office Address**

7512 Dr. Phillips Blvd. #50350

Suite, Apt. #, etc.

**3. Mailing Office Address**

Suite, Apt. #, etc.

**City & State**

Orlando, FL

**City & State**

Zip  
32819-5131

Country  
USA

Zip

Country

**4. Date Incorporated or Qualified  
To Do Business in Florida 01-14-2003**

**5. FEI Number**  
33-1038239

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  
Laurie L. York

Street Address (P.O. Box Number is Not Acceptable)  
2533 Roat Drive

Suite, Apt. #, Etc.

City  
Orlando

State  
FL

Zip Code  
32819

**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

*Laurie L. York*

REGISTERED AGENT MUST SIGN

Date 10-25-2004

**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	Laurie L. York	2533 Roat Drive	Orlando, FL 32819
P	Mary G. Johnson	5005 Ravenswood Road	Virginia Beach, VA 23462

400042216234  
10/29/04--01059--003 \*\*150.00

**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:

*Laurie L. York* President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/25/04

Daytime Phone #

CR2E081 (01/04)

**ALA Paralegal, Inc.**

**Tax Consulting, Accounting & Tax Problems Resolution**

206 Lake Harris Drive  
Lakeland, FL 33813  
863-648-0123 Fax-863-647-5905  
E-Mail: Cooktax@aol.com

October 26, 2004

Secretary of State  
Division of Corporations  
P.O. Box 6327  
Attn: Reinstatement  
Tallahassee, FL 32304

RE: LCF, Inc. P03000005233

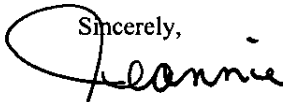
Dear Sirs/Madams:

We are attaching an Application for Corporation Reinstatement for the above listed Corporation. The UBR's Annual Report was not received for 2004. The taxpayer corporation was under the assumption that our office had filed the reports for them and so did not question the fact that they had not received the UBR. In addition, please note the address of the corporation. They were in the middle of all three hurricanes and in the midst of evacuations and closing up the offices, filing away papers for protection from water damage, etc. any paperwork would have been filed away or was misplaced. The dissolution notice was only recently received.

Due to the hurricanes and evacuations, filings, etc., taxpayer is requesting that you abate the penalty. We are enclosing our check in the amount of \$150.00 for the regular filing fee.

Thank you for your attention to this matter.

Sincerely,



Jeannie Chodazeck  
Account Manager

Cc: LCF, Inc.