

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

08 NOV 14 AM 11:33

FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P03000107874

1. Corporation Name

L Pendleton Enterprises, LNC

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

1501 Winding Creek Rd  
Suite, Apt. #, etc.

3. Mailing Office Address

1501 Winding Creek Rd  
Suite, Apt. #, etc.

City & State

Dunedin, FL

City & State

Dunedin, FL

Zip

34698

Country

US

Zip

34698

Country

US

800137929008

11/14/08--01003--015 \*\*300.00

REINSTATEMENT 07-08

4. Date Incorporated or Qualified  
To Do Business in Florida

10/1/03

5. FEI Number

74-3105232

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

Lori C Pendleton

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

1501 Winding Creek Rd

Suite, Apt. #, Etc.

City

Dunedin

State

FL

Zip Code

34698

☒ 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

*Lori C Pendleton*

REGISTERED AGENT MUST SIGN

Date 11/13/08

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	Lori Pendleton	1501 Winding Creek Rd	Dunedin FL 34698
V Pres	Larry Pendleton	1501 Winding Creek Rd	Dunedin FL 34698

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:

*Lori C Pendleton*

Lori C Pendleton

Date

11/13/08 7274173856

Daytime Phone #