

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 JUL 23 PM 4:13

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

DOCUMENT # P04000058472

1. Corporation Name

LOCHLOOSA HARBOR RV PARK, INC

800183615038
07/23/10--01034--003 **1050.00

REINSTATEMENT 08-10
CR2E081 (6/10)

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

15008 SE US Hwy 301

Suite, Apt. #, etc.

3. Mailing Office Address

15008 SE US Hwy 301

Suite, Apt. #, etc.

City & State

Hawthorne, FL

City & State

Hawthorne, FL

Zip

32640-7713

Country

Zip

32640-7713

Country

4. Date Incorporated or Qualified
To Do Business in Florida

04/05/2004

5. FEI Number
84-1645164

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 LYNN PEASE

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

14812 SE US Hwy 301

Suite, Apt. #, Etc.

City

Hawthorne

State

FL

Zip Code

32640

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 Lynn Pease
REGISTERED AGENT MUST SIGN

Date

7/22/10

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 LYNN PEASE	14812 SE US HWY 301	Hawthorne, FL 32640

10. E-mail Address: lochloosaharbor@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:

Laurie Lynn Pease
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/22/10

Date

352-481-2114

Daytime Phone #

7/22/10