


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
09 APR 24 PM 4:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 006000149205

1. Corporation Name

L & G Family Service Inc.

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

516 JACKSON ST

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 155

Suite, Apt. #, etc.

City & State

Wildwood, Fla.

City & State

Fla.

Zip

Country

34785

Zip

Country

34785

4. Date Incorporated or Qualified
To Do Business in Florida

12/1/06

5. FEI Number

20-8109423

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

Gwendolyn L. Brown

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

15444 SW 34th CT. Rd.

Suite, Apt. #, Etc.

City

Ocala

State

FL

Zip Code

34475

☒ 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

REGISTERED AGENT MUST SIGN

Date

4/19/09

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	Gwendolyn L. Brown	15444 SW 34 th CT. RD	Ocala, Fla., 34473
VP	Louis G. Brown	15444 SW 34 th CT. RD	Ocala Fla., 34473
T	Gwendolyn L. Brown	15444 SW 34 th CT. RD.	Ocala Fla., 34473

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/09

Date

352-286-4110

Daytime Phone #

4/27
aw