

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 DEC 22 AM 9:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P23789

1. Corporation Name

Lake Spring Corporation of Jacksonville

Principal Place of Business

10945 State Bridge Rd
Suite 401-PMB293
Alpharetta, GA 30022

Mailing Address

(Same)

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Same as above

3. New Mailing Office Address, If Applicable

Same as above

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT 98-99

4. Date Incorporated or Qualified
To Do Business in Florida

4-10-89

5. FEI Number

58-1847955

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
President	Charles D. Graham	10945 State Bridge Rd. Suite 401-PMB293	Alpharetta, GA 30022
V.P.	Susan J. Gatins	"	"
Sec.	Karen S. Graham	"	"
			800003107028--9 -01/21/00--01103--019 *****900.00 *****900.00
			800003107028--9 -01/21/00--01103--020 *****8.75 *****8.75

8. Name and Address of Current Registered Agent

Capital Connection
417 E. Virginia St. #1
Tallahassee, FL 32301

9. Name and Address of New Registered Agent

Name
CT CORPORATION SYSTEM
Street Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Road
Suite, Apt. #, Etc.

City
Plantation

State
FL

Zip Code
33324

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Dale W. Morris

DALE W. MORRIS

ASSISTANT VICE PRESIDENT

Date 12/20/1999

REGISTERED AGENT MUST SIGN.

11. This corporation owes the current year
Intangible Personal Property Tax due June 30.

Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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:

Susan J. Gatins

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-14-99

Date

770-664-4659

Daytime Phone #