

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 MAY -6 PM 3:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P92000001828 (2)

1. Corporation Name

LAKEFLO, INC.

Principal Place of Business

Mailing Address

10830, C.R. 44EAST
LEESBURG, FL. 34788

10830, C.R. 44EAST
LEESBURG, FL. 34788

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

2. New Principal Office Address, If Applicable
10830, C.R. 44EAST
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable
10830, C.R. 44EAST
Suite, Apt. #, etc.

4. Date Incorporated or Qualified To Do Business in Florida
10/29/1992

5. FEI Number
59 3384279
Applied For
Not Applicable

City & State
LEESBURG, FL. 34788
Zip Country

City & State
LEESBURG, FL. 34788
Zip Country

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

REINSTATEMENT 97-98

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D/VP	VINOD.A.PATEL.	10830, C.R. 44EAST.	LEESBURG, FL. 34788.
D/P/S/ T	BINDU.V.PATEL.	10830, C.R. 44EAST.	LEESBURG, FL. 34788.

400002521034-1
-05/12/98--01104--003
****900.00 ****900.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

VINOD.A.PATEL.
10830, C.R. 44EAST
LEESBURG, FL. 34788.

Name
Street Address (P.O. Box Number is Not Acceptable)
10830, C.R. 44EAST
Suite, Apt. #, Etc.
City
LEESBURG, FL. 34788
State FL Zip Code

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 *Vinod A Patel*
REGISTERED AGENT MUST SIGN

Date 4.23.98

11. This corporation owes or has paid 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: *Bindu V. Patel*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 352-589-6601
Daytime Phone #

CR2E040 (1/98)