

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 NOV 12 PM 1:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000004003

1. Corporation Name

LAKE FARMS, INC.

400138034954
11/18/08--01011--003 **2250.00

CR2E081 (10/08)

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

312 E. GENEVA ST.

3. Mailing Office Address

312 E. GENEVA ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

OCFEE, FL

City & State

OCFEE, FL

Zip

34761

Country

Zip

34761

Country

4. Date Incorporated or Qualified
To Do Business in Florida

1/12/93

5. FEI Number

☐ Applied For
☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

☒ 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.

7. Name and Address of Current Registered Agent

Name

ROBERT H. WALLICK

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

312 E. GENEVA STREET

Suite, Apt. #, Etc.

City

OCFEE, FL

State

FL

Zip Code

34761

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

Robert H. Wallick

Date 11-7-08

REGISTERED AGENT MUST SIGN

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 |
|--------|--|---|----------------------------|
| D/P | ROBERT H. WALLICK | 312 E. GENEVA STREET | OCFEE, FL 34761 |
| D | RICHARD L. GRIFFIN | 2201 PASEO ROAD | COLORADO SPRINGS, CO 80907 |
| | PERSONAL REPRESENTATIVE OF THE ESTATE OF WINNEFRED GRIFFIN | RH | |
| | | | |
| | | | |
| | REINSTATEMENT | | |

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:

Robert H. Wallick
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-7-08
Date

407 656-5060
Daytime Phone #