

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



96-98  
FLORIDA DEPARTMENT OF STATE  
Tamm B. McArthur  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P93000087808

1. Corporation Name

LANE SHOPPING CENTER, INC.

Principal Place of Business

1553 SOUTH LANE AVENUE  
JACKSONVILLE FL 32205

Mailing Address

1553 SOUTH LANE AVENUE  
JACKSONVILLE FL 32205

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

12/27/1993

5. FEI Number

59-3217090

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
D	BEDRAN, SALIM M	2316 MISS MUFFET LANE WEST	JACKSONVILLE FL 32210
D	BEDRAN, FEUD M	5159 PLYMOUTH STREET	JACKSONVILLE FL 32205
			700002414077--7 -01/28/98--01024--002 ***1050.00 ***1050.00

8. Name and Address of Current Registered Agent

BEDRAN, CARLA D  
2316 MISS MUFFET LANE WEST  
JACKSONVILLE FL 32210

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

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

Carla D. Bedran

REGISTERED AGENT MUST SIGN

Date 1-20-98

11. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. 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: ✓

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Salim M. Bedran

Date

904-693-1067

Daytime Phone #

FILED ALL

98 JAN 23 AM 10:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



REINSTATEMENT 00 1/23

CR2E040 (7/96)