

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P94000001624

1. Corporation Name

LIZARDI & COMPANY, INC.

Principal Place of Business

11410 LANE PARK RD
TAVARES FL 32778

Mailing Address

11410 LANE PARK RD
TAVARES FL 32778

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

2. New Principal Office Address, If Applicable

3425 Lake Center Dr

Suite, Apt. #, etc.

Suite 1

City & State

Mount Dora, FL

Zip

32757

Country

US

3. New Mailing Office Address, If Applicable

3425 Lake Center Dr

Suite, Apt. #, etc.

Suite 1

City & State

Mount Dora, FL

Zip

32757

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

01/07/1994

5. FEI Number

59-3250316

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	LIZARDI, PEDRO	11410 LANE PARK RD	TAVARES FL 32778

8. Name and Address of Current Registered Agent

LIZARDI, PEDRO
11410 LANE PARK ROAD
TAVARES FL 32778

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

Pedro Lizardi
REGISTERED AGENT MUST SIGN

Date 10-15-01

11. 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:

Pedro Lizardi
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Pedro Lizardi

10-15-01 (352) 1735-3022

Date

Daytime Phone #

FILED

01 OCT 16 AM 10:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

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