

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 OCT 24 AM 9:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT 03



100024083901

10/24/03--01028--025 \*\*150.00

DOCUMENT # P95000006764

1. Corporation Name

LAKE FAY, INC.

Principal Place of Business

Mailing Address

112 SOUTH PINE AVENUE  
OCALA FL 34474

P O BOX 4776  
OCALA FL 34478

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

2. New Principal Office Address, if Applicable		3. New Mailing Office Address, if Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01/23/1995	
City & State		City & State		5. FEI Number	
Zip		Country		59-3451558	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	
				\$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
P	SANCHEZ, LINDA	112 SOUTH PINE AVENUE	OCALA FL 34474

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SANCHEZ, LINDA  
112 SOUTH PINE AVENUE  
OCALA FL 34474

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. or 617.0505, F.S.

Signature of Registered Agent

*Linda Sanchez*  
REGISTERED AGENT MUST SIGN

Date 10-23-03

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:

*Linda Sanchez*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 10-23-03 Daytime Phone #

CR2ED40 (7/03)

10-23-03

Division of Corporations  
Annual Report / Reinstatement Section

To Whom it may concern:

Please waive all reinstatement fees for Lake Fay, Inc. We never received the forms in the mail. Your help concerning this matter is much appreciated.

Thank You  
*Linda Sanchez*

Linda Sanchez