

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 DEC 15 AM 11:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # P95000013848

1. Corporation Name

LIVE OAK INDUSTRIES, INC.

Principal Place of Business

Mailing Address

6298 BURNING TREE DR.
SEMINOLE FL 33777-4611
US

6298 BURNING TREE DR.
SEMINOLE FL 34647-4611

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

2. New Principal Office Address, If Applicable

9061 US Highway 19 North

Suite, Apt. #, etc.

Suite 117

City & State

Pinellas Park FL

Zip 33782-5404 Country US

3. New Mailing Office Address, If Applicable

9061 US Highway 19 North

Suite, Apt. #, etc.

Suite 117

City & State

Pinellas Park FL

Zip 33782-5404 Country US

4. Date Incorporated or Qualified To Do Business in Florida

02/16/1995

5. FEI Number

59-3297123

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P	EDWARDS, GLENN ALAN	6298 BURNING TREE DRIVE	SEMINOLE FL

REINSTATEMENT

98-13

12/18/98

100002722551-4
-12/24/98--D1096--007
****750.00 ****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

EDWARDS, GLENN A
6298 BURNING TREE DR.
SEMINOLE FL 33777

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

[Signature]

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 13 December 1998

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:

[Signature]

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

13 December 1998 336-545-4485
Date Daytime Phone #

CR2E040 (9/98)