

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P95000017760

1. Corporation Name

L & S BUILDING COMPANY, INC.

Principal Place of Business

P.O. BOX 159
BUNNELL FL 32110-159
US

Mailing Address

P.O. BOX 159
BUNNELL FL 32110-159
US

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

2. New Principal Office Address, If Applicable

2285 East Hwy. 100

Suite, Apt. #, etc.

101

City & State

Bunnell, FL

Zip

32110

Country

USA

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

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 (Do NOT Use Post Office Box Numbers)
PD	SIMOS, GUS	43 S. MAGNOLIA
VD	LEES, LAURA D	P.O. BOX 1959 N/A
SD	SIMONS, MARIE	43 S. MAGNOLIA
TD	LEES, GEORGE	P.O. BOX 1959 N/A

8. Name and Address of Current Registered Agent

LEES, GEORGE R
P.O. BOX 159
~~WANE PLACE~~
PALM COAST FL 32164

9. Name and Address of New Registered Agent

Name

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

2285 East Highway 100

Suite, Apt. #, Etc.

Suite 101

City

Bunnell

State
FL

Zip Code

32110

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

George R. Lees

REGISTERED AGENT MUST SIGN

Date

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Printed Name

99 MAR 15 AM 9:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

99-99

4. Date Incorporated or Qualified
To Do Business in Florida

03/02/1995

5. FEI Number

59-3366468

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

**\$8.75 Additional Fee required
for a Certificate of Status**

800002814273775

-03/22/99-01143-021

***900.00 State ***900.00

ORMOND BEACH FL 32174

BUNNELL FL 32110

ORMOND BEACH FL 32174

BUNNELL FL 32110

03-17-99

CR2EC40 (9/98)