

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

01 APR 24 PM 2:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P95000017760

1. Corporation Name

L & S BUILDING COMPANY, INC.

Principal Place of Business

2285 EAST HWY. 100  
101  
BUNNELL FL 32110  
US

Mailing Address

P.O. BOX 159  
BUNNELL FL 32110



REINSTATEMENT 00-01

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

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

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	City / State / Zip
PD	SIMOS, GUS	43 S. MAGNOLIA	ORMOND BEACH FL 32174
VD	LEES, LAURA D	P.O. BOX 1959 N/A	BUNNELL FL 32110
SD	SIMONS, MARIE	43 S. MAGNOLIA	ORMOND BEACH FL 32174
TD	LEES, GEORGE	P.O. BOX 1959 N/A	BUNNELL FL 32110
			300004275673--1 -05/22/01--01028--013 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

LEES, GEORGE R  
2285 EAST HWY. 100  
101  
BUNNELL FL 32110

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

300004275673--1  
-05/22/01--01028--014  
\*\*\*\*150.75 \*\*\*\*150.75  
FL

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 11-12-00

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:

George R. Lees  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

George R. Lees, Treasurer

11-12-00 904-437-9180  
Date Daytime Phone #

CR2E040 (8/00)