

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000028495

1. Corporation Name

LAKE CONSTRUCTION SERVICES, INC.

2. Principal Office Address

401 N. CANAL STREET

Suite, Apt. #, etc.

City & State

LEESBURG, FLORIDA

Zip

34748

Country

USA

3. Mailing Office Address

401 N. CANAL STREET

Suite, Apt. #, etc.

City & State

LEESBURG, FLORIDA

Zip

34748

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

04/11/1995

5. FEI Number

59-3311278

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

CR2E081 (12/05)

7. Name and Address of Current Registered Agent

Name

MARC A. MICHAM

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

401 N. CANAL STREET

Suite, Apt. #, Etc.

City

LEESBURG

State
FL

Zip Code

34748

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

MARC A. MICHAM

REGISTERED AGENT MUST SIGN

Date **2/14/06**

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| Titles | Name of Officers and/or Directors | Street Address of Each Officer and/or Director | City / State / Zip |
|--------|--------------------------------------|---|--------------------|
| P | MARC A. MICHAM | 401 N. CANAL STREET | LEESBURG, FL 34748 |
| VP | JAMES B. THOMPSON | 401 N. CANAL STREET | LEESBURG, FL 34748 |
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10. 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 contained in Chapter 119, 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

2/14/06 352-636-1767

Date

Daytime Phone #

MARC A. MICHAM, PRESIDENT