

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 NOV 3 AM 6:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

600162072886
10/23/09--01024--016 **450.00

REINSTATEMENT 07-09

DOCUMENT # P95000034880

1. Corporation Name

LONG LAKES LAND CO.

W09-47517

2. Principal Office Address - No P.O. Box #

4914 LONG LAKE RIDGE DRIVE

Suite, Apt. #, etc.

City & State

CHIPLEY, FL

Zip

32428

Country

USA

3. Mailing Office Address

4914 LONG LAKE RIDGE DRIVE

Suite, Apt. #, etc.

City & State

CHIPLEY, FL

Zip

32428

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

4/28/1995

5. FEI Number

59-3311540

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

CHARLES W. BUCKLES

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

4914 LONG LAKE RIDGE DRIVE

Suite, Apt. #, Etc.

City

CHIPLEY

State
FL

Zip Code

32428

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Charles W. Buckles

REGISTERED AGENT MUST SIGN

Date 10-22-09

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	CHARLES W. BUCKLES	4914 LONG LAKE RIDGE DRIVE	CHIPLEY, FL 32428
VP	LEE A. KINARD	303 HARVARD BLVD.	LYNN HAVEN, FL 32444

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:

Lee A. Kinard

Lee A. Kinard, VP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-22-09 850 852-0123

Daytime Phone #

OC 11/4

850-769-3207