

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

10 APR 29 AM 8:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P95000093555

1. Corporation Name

L.D. INDUSTRIES OF ORLANDO, INC.

500178917505  
04/29/10--01033--005 \*\*1050.00

REINSTATEMENT 08-10

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

3. Mailing Office Address

3001 Old Winter Garden Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Orlando FL

Zip

Country

Zip

Country

32805

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

12/07/1995

5. FEI Number

593354933

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

LARRY DICKERSON

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

473 KILMER WAY

Suite, Apt. #, Etc.

City

THE VILLAGES

State

FL

Zip Code

32162

☐ 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

L.D. Dickerson

REGISTERED AGENT MUST SIGN

Date April 26, 2010

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
PD	LARRY DICKERSON	473 KILMER WAY THE VILLAGES	THE VILLAGES FL 32162
S	KATE DICKERSON	473 KILMER WAY	THE VILLAGES FL 32162

10. E-mail Address: larry 40 @ embargmail.com

(To be used for future annual report notification)

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. I further certify, 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: LARRY DICKERSON

L.D. Dickerson

Apr 26, 2010

Date

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

352  
151-2605