

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



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

FILED

02 MAY -1 PM 12:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000095309

1. Corporation Name

Lake Hills Inc of Deltona

300006068603--4

-06/27/02--01059--011

***1050.00 ***1050.00

2. Principal Office Address

2921 Orlando Dr

3. Mailing Office Address

P.O. Box 5357

Suite, Apt. #, etc.

Suite 220

Suite, Apt. #, etc.

City & State

Sanford, FL

City & State

Deltona, FL

Zip

32773

Country

USA

Zip

32728

Country

USA

REINSTATEMENT 00-02

4. Date Incorporated or Qualified
To Do Business in Florida

12-1995

5. FEI Number

59-3351678

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

Sam Smith

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

2921 Orlando Drive

Suite, Apt. #, Etc.

Suite 220

City

Sanford

State
FL

Zip Code

32773

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 4-29-02

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
PDS	Smith, Sam	P.O. Box 5357	Deltona, FL 32728
VPD	Hackert, Tom	149- 1900 Ave	White Stone, NY 11357

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 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

PDS - 4-29-02, 407-324-1178

Date

Daytime Phone #

CR2E081 (9/01)