

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

10 MAR 26 PM 1:29

DOCUMENT # P96000001758

1. Corporation Name

D.N.R. OF LAKE COUNTY, INC.

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

4902 ROCK ROCK SPRINGS RD

3. Mailing Office Address

4902 ROCK SPRINGS RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

APOPKA, FL

City & State

APOPKA, FL

Zip

32712

Country

ORANGE

Zip

32712

Country

ORANGE

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number
59-3354807

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

ROBBINS, DONALD N

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

3209 NORTHWIND DR

Suite, Apt. #, Etc.

City

EUSTIS

State

FL

Zip Code

32726

☒ 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.

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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

Donald N. Robbins

REGISTERED AGENT MUST SIGN

Date

2-26-10

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	ROBBINS, DONALD N	3209 NORTHWIND DR	EUSTIS, FL 32726
VD	ROBBINS, JESSICA	3209 NORTHWIND DR	EUSTIS, FL 32726

10. E-mail Address:

jrobbins359@comcast.NET
(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:

Donald N. Robbins

DONALD N. ROBBINS

Date

2-26-10

Daytime Phone #