

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P96000001956

1. Entity Name
THREE "L" ENTERPRISES OF LAKE LAND, INC.



FILED

04 NOV -9 PM 1:44

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



Principal Place of Business
**2619 LYONAL DR.
LAKE LAND, FL 33840 US**

Mailing Address
**P. O. BOX 2484
LAKE LAND, FL 33806**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10252004 REIN-P CR2E098 (6/04)

4. FEI Number
65-0685907

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LINDSEY, LYONAL JR
2522 JONILA AVENUE
LAKE LAND, FL 33803**

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After January 1, 2005, Fee will be \$300.00**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
TERRY LINDSEY
2212 VENETIAN WAY
WINTER PARK, FL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**000042606670
11/09/04--01069--023 **150.00** ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**ST
LYONAL B. LINDSEY, JR.
2522 JONILA AVE.
LAKE LAND, FL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP
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CITY-ST-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Lyond B. Lindsey* **LYONAL B. LINDSEY, JR.** **11-4-04**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #