

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS



97
AIR

FILED

97 NOV -5 AM 11:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

①

DOCUMENT # P96000096953

1. Corporation Name

LONGACRE ENTERPRISES OF LEESBURG, INC.

Principal Place of Business

1504 SOUTH STREET
LEESBURG FL 34748

Mailing Address

1504 SOUTH STREET
LEESBURG FL 34748

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

11/22/1996

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3408563

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	LONGACRE, MIKE	1504 SOUTH STREET	LEESBURG FL 34748

900002343519--2
-11/10/97--01166--011
****165.00 ****165.00

SL
11-7-97

8. Name and Address of Current Registered Agent

LONGACRE, MIKE
1504 SOUTH STREET
LEESBURG FL 34748

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

MIKE LONGACRE

Date 10/31/97

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information
on Intangible tax.)

12. 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

MIKE LONGACRE

10/31/97

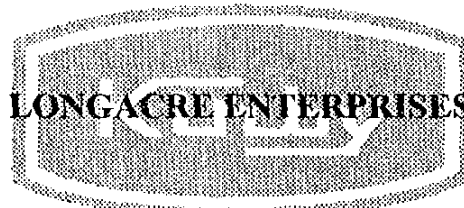
Date

Daytime Phone #

(352)
314-0095

CR2E040 (8/97)

Telephone (352) 314-0095
Fax (352) 314-0173



Mike Longacre
Distributor

(2)

1504 South Street • Leesburg, Florida 34748

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE, FL. 32314

OCTOBER 31, 1997

TO WHOM IT MAY CONCERN,

WE HAVE NOT RECEIVED OUR ANNUAL REPORT FORMS. ENCLOSED
IS A CHECK FOR ONE HUNDRED SIXTY FIVE DOLLARS AND THE FORM
FOR REINSTATEMENT.

SINCERELY



MIKE LONGACRE
PRESIDENT