

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 27 AM 11:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000003863

1. Corporation Name

H.L. CORP. OF NORTH FLORIDA

Principal Place of Business

Mailing Address

4297 U.S. HWY 90 W.
STE. 4
LAKE CITY FL 32055

4297 U.S. HWY 90 W.
STE. 4
LAKE CITY FL 32055

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

2. New Principal Office Address, If Applicable

2469 West US HWY 90
Suite, Apt. #, etc. #130

3. New Mailing Office Address, If Applicable

2469 West US HWY 90
Suite, Apt. #, etc. #130

City & State Lake City, FL

City & State Lake City, FL

Zip 32055 Country US

Zip 32055 Country US

REINSTATEMENT

03

4. Date Incorporated or Qualified
To Do Business in Florida

01/14/1997

5. FEI Number

59-3422788

Applied For

Not Applicable

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	LEFKOWITZ, BRADFORD L	4297 U.S. HWY 90 W., STE. 4	LAKE CITY FL 32055

800024102908
10/27/03--01021--019 **150.00

8. Name and Address of Current Registered Agent

LEFKOWITZ, BRADFORD L
4297 US HWY 90 W
4
LAKE CITY FL 32055

9. Name and Address of New Registered Agent

Name Bradford Lefkowitz
Street Address (P.O. Box Number is Not Acceptable)
1425 Candy Ct.
Suite, Apt. #, Etc.
City Jacksonville State FL Zip Code 32259

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. or 617.0505, F.S.

Signature of
Registered Agent

Bradford Lefkowitz
REGISTERED AGENT MUST SIGN

Date

10/14/03

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 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:

Bradford Lefkowitz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/14/03

CR20040 (7/03)

H.L. Corporation Of North Florida

2469 WEST US HWY. 90 #130
LAKE CITY, FLORIDA 32055

October 15, 2003

Department of State, Divisions of Corporations, P.O. 6327 Tallahassee, FL 32314

To Whom It May Concern:

This letter is in regards to the "notice of administration dissolution or revocation". We did not receive the two prior uniform business report notices. The City of Lake City has recently changed our address, and we are getting mail to our old address irregularly. Please make note of our new address, forgive our tardiness, and reinstate our corporation as soon as feasible.

Sincerely,

Brad Lefkowitz
President

A handwritten signature in black ink, appearing to read "Brad Lefkowitz", written over the printed name and title.