

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P977000004769

1. Corporation Name

LAKE EMMA HOME LOAN INC.

Principal Place of Business

Mailing Address

1101 NORTH LAKE DESTINY DR.
SUITE 400
MAITLAND, FL 32751

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

JAN. 16, 1997

5. FEI Number

59-3538918

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 (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
PSD	FRED DEL GUIDICE	1101 NORTH LAKE DESTINY DR. SUITE 400	MAITLAND, FL 32751

4000002769684-4
-02/09/99--01067--025
****908.75 ****908.75

8. Name and Address of Current Registered Agent

FRED DEL GUIDICE
1101 NORTH LAKE DESTINY DR. #400
MAITLAND, FL 32751

9. Name and Address of New Registered Agent

Name
FRED DEL GUIDICE
Street Address (P.O. Box Number is Not Acceptable)
1101 N. LAKE DESTINY DR.
Suite, Apt. #, Etc.
SUITE 400
City
MAITLAND
State
FL
Zip Code
32751

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

Fred Del Guidice

REGISTERED AGENT MUST SIGN

Date

01-28-99

11. This corporation owes 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:

Fred Del Guidice

FRED DEL GUIDICE

01-28-99

407-660-6069

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #