

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**

98-00



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P97000026755

1. Corporation Name

LAKE Auto Body, Inc.  
717 Lynch Ave.  
Leesburg, FL 34748

2. Principal Office Address

717 Lynch Ave

Suite, Apt. #, etc.

City & State

Leesburg, FL

Zip

34748

Country

US

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

FL

Zip

Country

REINSTATEMENT 98-00

4. Date Incorporated or Qualified  
To Do Business in Florida

3/20/97 SP

5. FEI Number

59-3436440

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

TARA Financial Services, Inc.

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

489 W. Minnehaha Ave.

Suite, Apt. #, Etc.

City

Clermont

State

FL

Zip Code

34711

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

Marcia R. O'Keefe

Date 3-16-00

REGISTERED AGENT MUST SIGN

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
D, P, T + S	DALE A. DURHAM	3840 Magnolia Drive	Leesburg, FL 34748

10. 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

DALE A. DURHAM MARCH 10TH 2000

Date

Daytime Phone #