

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE
		Katherine Harris Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000090435

1. Corporation Name

L&G PROCESSORS, INC.

Principal Place of Business

Mailing Address

1659 PASSAIC AVENUE
FORT MYERS FL 33901

1659 PASSAIC AVENUE
FORT MYERS FL 33901

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/21/1997

5. FEI Number

65-0795647

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	HORNE, GLORIA	1659 PASSAIC AVENUE	FORT MYERS FL 33901

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HORNE, GLORIA 1659 PASSAIC AVENUE FORT MYERS FL 33901	Name	
	Street Address (P.O. Box Number is Not Acceptable)	
	Suite, Apt. #, Etc.	
	City	State FL

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

Gloria Horne
REGISTERED AGENT MUST SIGN

Date

10/18/00

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:

Gloria Horne
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

GLORIA HORNE

10/18/00 941-277-0336

CR2ED40 (8/00)

L&G PROCESSORS, INC.
1659 Passaic Avenue
Fort Myers, Florida 33901

(941) 277-0336
FAX: (941) 277-5157

Date: October 18, 2000

ID-EIN 65-0795647

Division of Corporations
P. O.Box 6327
Tallahassee, FL 32314-6327

Dear Sir/Madam:

I am writing this letter to request a waiver of late fee for reinstatement of my corporation for the following reason. I never received any notices regarding filing a 2000 annual report or any other notices. However, whenever any notices such as this or any others such as tax forms, etc., are received by me I send them to my accountant for completion. After checking with my accountant they informed me that had not received these forms.

After calling your office I was advised to write this letter requesting a waiver of the late fee and am enclosing my check for \$150.00 for reinstatement of my corporation.

Sincerely,


Gloria Horne