

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

98-99 AR
Katherine
Secret
DIVISION OF CORPORATIONS

FILED

99 JUN -7 AM 11:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000095503

1. Corporation Name

LAKE TRUSS INC.

Principal Place of Business

Mailing Address

811 W MYERS BLVD
MASCOTTE, FL 34753

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

REINSTATEMENT

98-99

4. Date Incorporated or Qualified
To Do Business in Florida

1997

5. FEI Number

59-3478807

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
Pres	THOMAS O OWENS	7451 S. DAYTON PT.	KECANATO, FL 34461

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-06/14/99--01005--024
****908.75 ****908.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

THOMAS O OWENS
7451 S. DAYTON PT
KECANATO, FL 34461

Name Thomas O OWENS

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

7451 S. DAYTON PT

Suite, Apt. #, Etc.

City KECANATO

State FL

Zip Code 34461

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

THOMAS O OWENS
REGISTERED AGENT MUST SIGN

Date 6-3-99

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

THOMAS O OWENS

Date

6-3-99 352-796-5805

Daytime Phone #

CR2E081 (12/98)