

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 JAN -6 AM 10:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

500009201035

01/06/03--01088--007 **\$500.00



01500009201035

01/17/25/02--010525--00350 **\$150.00 02

DOCUMENT # P98000046043

1. Corporation Name

LA-BOND, INC.

Principal Place of Business

1913 ANT MUSEUM DR
JACKSONVILLE FL 32207

Mailing Address

1913 ART MUSEUM DR
OFFICE
JACKSONVILLE FL 32207

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

2. New Principal Office Address, If Applicable

1913 Art Museum Drive
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

12854 JEBB Is. Cir
Suite, Apt. #, etc.

City & State

City & State

JAX, FL

Zip

Country

Zip

Country

32224

4. Date Incorporated or Qualified
To Do Business in Florida

05/20/1998

5. FEI Number

59-3515988

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
P	LEMMON, STEVEN	12854 JEBB ISLAND CIRCLE SOUTH	JACKSONVILLE FL 32224
D	LEMMON, KAY M	12854 JEBB ISLAND CIRCLE SOUTH	JACKSONVILLE FL 32224
V	HOLLADAY, DEBRA	1913 ART MUSEUM DRIVE 41	JACKSONVILLE FL 32207

8. Name and Address of Current Registered Agent

LEMMON, STEVEN H
12854 JEBB ISLAND CIRCLE SOUTH
JACKSONVILLE FL 32224

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

Signature of Steven H. Lemmon
REGISTERED AGENT MUST SIGN

Date 11-19-02

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:

Signature of Steven H. Lemmon
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-19-02

Date

Daytime Phone #

904-710-5955