

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

**Katherine Harris**

Secretary of State

DIVISION OF CORPORATIONS

**FILED**

00 FEB 23 PM 1:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** P980000047095

**1. Corporation Name**

L B & M Development, Inc.

**2. Principal Office Address**

5665 Cypress Gdns. Blvd.

Suite, Apt. #, etc.

Suite 5000

City & State

Winter Haven, FL

Zip

33884

Country

US

**3. Mailing Office Address**

PO Box 2939

Suite, Apt. #, etc.

City & State

Winter Haven, FL

Zip

33883

Country

US

**4. Date Incorporated or Qualified  
To Do Business in Florida**

5-21-98

**5. FEI Number**

59-3545638

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

John A. McCoy

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

600 Island Way

Suite, Apt. #, Etc.

City

Winter Haven,

State

FL

Zip Code

33884

**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

REGISTERED AGENT MUST SIGN

Date 2-9-00

**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

DPS John A. McCoy

600 Island Way

Winter Haven, FL 33884

**REINSTATEMENT**

99.00

**TS**

**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

1-21-00

Date

863-324-1616

Daytime Phone #

CR2E081 (9/99)