

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

102

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Kathleen Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 SEP 18 PM 1:47

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P98000074664

1. Corporation Name

L AND N ENTERPRISES INCORPORATED

2. Principal Office Address

26 Pine Street

Suite, Apt. #, etc.

City & State

Freeport FL

Zip

32439

Country

US

3. Mailing Office Address

P O Box 1021

Suite, Apt. #, etc.

City & State

Freeport FL

Zip

32439

Country

US

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

8/24/1998

5. FEI Number

59-3535290

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

James A Hickman

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

220 Government Street

Suite, Apt. #, Etc.

1

City

Niceville

State

FL

Zip Code

32578

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

James A. Hickman

REGISTERED AGENT MUST SIGN

Date

AUG 16 2000

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
P	Loretta Harville	26 Pine Street	Freeport, FL 32439
T	Norman Powell	26 Pine Street	Freeport, FL 32439
S	Ron Owens	26 Pine Street	Freeport, FL 32439

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:

Loretta Harville
Loretta Harville

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

AUG 16 2000

Date

Daytime Phone #

KE

CR2E081 (9/99)

20f2

JAMES A. HICKMAN
PUBLIC ACCOUNTING
220 GOVERNMENT STREET, STE 1
NICEVILLE, FL 32578

Thursday, September 14, 2000


Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Subject: Corporate Reinstatement- P9800074664 L and N Enterprises Inc.

Enclosed is completed Corporation reinstatement form for the above corporation. Per your office on 8/16/00 the following action is requested due to non receipt of previously returned information. We apologize for the delay since the day last communicated with your office. Principal officer was unavailable until 9/8/00. Enclosed is the payment as directed by telephone conversation requesting the correct amount. UCC annual report for 1999 has not been received by either registered agent or corporation. Nor was UCC annual report for 2000 as a result of administrative action taken by your office.

We appreciate your patience and cooperation in resolving this matter.

Sincerely,


James A Hickman
Registered Agent

Enclosed:
Check 1078 fr \$150.00
Red Corporation Reinstatement

MAIL: P.O. BOX 585, SHALIMAR, FL 32579

PHONE#: (850) 729-8585

FAX#: 850-729-0857; (850) 729-0857