

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Pg 1082

APPLICATION FOR REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 NOV -8 PM 12:28

DOCUMENT # P98000099720

1. Corporation Name

LAKE COUNTY DUPLICATE BRIDGE DIRECTORS, INC.

Principal Place of Business

510 W. KEY AVENUE
EUSTIS FL 32726

Mailing Address

POST OFFICE BOX 1854
EUSTIS FL 32726



04/20/99 90083 035.1500

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

4. Date Incorporated or Qualified To Do Business in Florida

01/01/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3544451

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
Texas Pres	WILLIAM B. STONE	33651 OVERTON DRIVE	LEESBURG, FLA. 34788
Secy	WILLIAM J. YOKEL	2 ANNEX CIRCLE	MT. DORA, FLA 32757
Director	EDYTHE KIMBALL	102 MAGNOLIA ST.	CLEMENT, FLA. 34711

8. Name and Address of Current Registered Agent

TIMPE, JAMES E
150 LAKEVIEW DRIVE
LEESBURG FL 34788-2759

9. Name and Address of New Registered Agent

Name		
Street Address (P.O. Box Number is Not Acceptable)		
Suite, Apt. #, Etc.		
City	State FL	Zip Code

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

James E. Timpe
REGISTERED AGENT MUST SIGN

Date 10-19-99

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.

AD

SIGNATURE:

William B. Stone
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WILLIAM B. STONE Pres.
352

10-19-99
Date

352-315-9696
Daytime Phone #

CR25040 (8/99)

- Please Do Not Remove -

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150 Lakeview Drive
Leesburg, FL 34788
October 20, 1999

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

Attention: Katherine Harris

On April 15, 1999, we filed our Florida Profit Corporation report and paid with check #4179 in the amount of \$150, which was cashed by the State. Sometime later we received a late notice but knew we had filed and assumed the State would figure that out.

This week we received a dissolution notice so I called the number listed and was told that the original was not filled out correctly. Enclosed you will find a corrected form, along with a copy of our cashed check. As it never should have been dissolved, the party we talked to (Tyrene) said the additional fees would be waived.

Sincerely,

JET/mjt
James E. Timpe

JET/mjt