

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 AUG 22 PM 2:00

DOCUMENT # P99000012804

1. Corporation Name

PROCUT OF LAKE COUNTY, INC.

Principal Place of Business

Mailing Address

100 N. DIXIE AVE.
FRUITLAND FL 34731

100 N. DIXIE AVE.
FRUITLAND FL 34731



REINSTATEMENT 00-01

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

02/05/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

593564361

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
D	HOFFMAN, ROBERT	40034 GRAYS AIRPORT RD.	LADY LAKE FL 32159
D	HOFFMAN, ERIN	40034 GRAYS AIRPORT RD.	LADY LAKE FL 32159
			700004559867--2
			08/28/01 01053 004
			***900.00 ***900.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

~~HOFFMAN, ROBERT~~
~~100 N. DIXIE AVE.~~
~~FRUITLAND FL 34731~~

Name
Erin M. Hoffmann
Street Address (P.O. Box Number is Not Acceptable)
100 N. Dixie Ave.
Suite, Apt. #, Etc.

City
Fruitland Park

State
FL

Zip Code
34731

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

Erin M. Hoffmann

Date 6-26-01

REGISTERED AGENT MUST SIGN

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:

Erin M. Hoffmann Erin M. Hoffmann 6-26-01 352-750-5311

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #