

APPLICATION FOR



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

00 DEC 11 AM 9:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P99000020321**

1. Corporation Name

LANA'S JAMAICAN CAFE, INC.

Principal Place of Business

Mailing Address

7700 A WEST FAIRFIELD DRIVE
PENSACOLA FL 32506-3600

7700 A WEST FAIRFIELD DRIVE
PENSACOLA FL 32506-3600

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/01/1999

5. FEI Number

59-3562513

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
D	STAINROD, LEWIS D	5257 EMERALD DR.	PACE FL 32571
D	STAINROD, LANA M	5257 EMERALD DR.	PACE FL 32571

8. Name and Address of Current Registered Agent

STAINROD, LEWIS D
5257 EMERALD DR.
PACE FL 32571

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

SIGNATURE REQUIRED

Date

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:

Signature of Lewis D Stainrod
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
LEWIS D STAINROD

Date

Daytime Phone #

November 3, 2000

Lewis D. Stainrod
5257 Emerald Drive
Pace, FL 32571

Florida Dept. of State
Division of Corporation
P. O. Box 6327
Tallahassee, FL 32314

Attention: Ms. Katherine Harris

Dear Ms Harris,

I did not receive the annual report to file at the first of the year, and was unaware I was suppose to contact you and ask for one to be sent to me. I did not realize it was past due until I received this form stating my corporation had been dissolved. I ask that you drop the penalty for this time and I will be sure to notify you if we do not receive one in the future. Enclosed please find a check for \$211.25. Thank you for your help in this matter.

Sincerely,



Lewis D. Stainrod
Registered Agent

LDS/lr