

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

00 NOV 13 PM 6: 58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000071416

1. Corporation Name

LAKE AEROSPACE CORPORATION

Principal Place of Business

Mailing Address

4800 NO. FEDERAL HIGHWAY
SANCTUARY CENTRE SUITE 200E
BOCA RATON FL 33431

4800 NO. FEDERAL HIGHWAY
SANCTUARY CENTRE SUITE 200E
BOCA RATON FL 33431

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

326 West Dundee Road
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

326 West Dundee Road
Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

08/11/1999

5. FEI Number

65-0946225

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

City & State
Barrington Hills, IL

Zip
60010

Country
USA

City & State
Barrington Hills, IL

Zip
60010

Country
USA

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
1	George Wight, Jr. D-P-S	326 West Dundee Road Barrington Hills, IL	

600003493176--0
-12/11/00--01031-013
****750.00 ****750.00

8. Name and Address of Current Registered Agent

CHRISTI, ERIC C
4800 NO. FEDERAL HIGHWAY
SANCTUARY CENTRE SUITE 200E
BOCA RATON FL 33431

9. Name and Address of New Registered Agent

Name

Eric C. Christu, Esq.

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

4800 N. Federal Highway

Suite, Apt. #, Etc.

City

Suite 200E

State

FL

Zip Code

33431

Boca Raton

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 11-9-00

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
George Wight Jr

Date

10/28/2000 817-426-4983

Daytime Phone #

CR2E040 (8/00)