

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 MAR 20 AM 9:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # S 10601

1. Corporation Name

Lektaras, Inc.

2. Principal Office Address

14050 NW C3260

Suite, Apt. #, etc.

City & State

MORRISTON, FL

Zip

32668

Country

Marion

3. Mailing Office Address

14050 NW C3260

Suite, Apt. #, etc.

City & State

MORRISTON, FL

Zip

32668

Country

Marion

4. Date Incorporated or Qualified  
To Do Business in Florida

1994

5. FEI Number

65-0232336

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required  
for a Certificate of Status

200014386942  
03/20/03--01010--010 \*\*1350.00

REINSTATEMENT 99-03

7. Name and Address of Current Registered Agent

Name

Robert Slack

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

14050 C-3260

Suite, Apt. #, Etc.

City

MORRISTON

State  
FL

Zip Code

32668

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

Robert J. Slack

REGISTERED AGENT MUST SIGN

Date

3/17/03

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
PRES.	ROBERT SLACK	14050 NW C326	MORRISTON, FL 32668
VP	NORA SLACK	14050 NW C326	MORRISTON, FL 32668
SEC	ROBERT SLACK		
TREAS	NORA SLACK		

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:

Robert J. Slack (ROBERT J. SLACK) 3/17/03 352-690-7671

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)

3/21