PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
98 DEC -2 PM 3:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V65859

1. Corporation Name

L. B. VINCENT CORPORATION

Principal Place of Business	Mailing Address
2035 BLUFF OAK STREET APOPKA FL 32712	2035 BLUFF OAK STREET APOPKA FL 32712

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

REINSTATEMENT 96

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
381 E. Main St	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Apopka Fla	City & State
Zip: 32703 Country: USA	Zip Country

4. Date Incorporated or Qualified To Do Business In Florida: 09/21/1992

5. FEI Number: 59-3149448 ☐ 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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
DP	VINCENT, LESTER BILL JR.	2035 BLUFF OAK STREET	APOPKA FL
VPST	VINCENT, JOANNIE G.	2035 BLUFF OAK ST.	APOPKA, FL
			000002704960- -0 -12/07/98--01140--011 ****758.75 ****758.75

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
VINCENT, LESTER BILL JR. 2035 BLUFF OAK STREE APOPKA FL 32712	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City: State: FL Zip Code

CR2E040 (9/98)

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: 11-16-98
REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☐ No ☑ (See other side for information on intangible tax.)

12. 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 REQUIRED 11-16-98 407-889-4512
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Lester B. Vincent Jr Pres

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