

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

FILED

00 JAN 24 PM 12:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # V70112

1. Corporation Name

PYRAMID OF LAKE COUNTY, INC.

P.O. Box 607777

ORLANDO, FL 32860

2. Principal Office Address

139 MADRONA DR

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 607777

Suite, Apt. #, etc.

City & State

EUSTIS, FL

City & State

ORLANDO, FL

Zip

32726

Country

LAKE

Zip

32860

Country

ORANGE

4. Date Incorporated or Qualified  
To Do Business in Florida

1996

5. FEI Number

59-3163494

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

George Manson

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

139 MADRONA DRIVE

Suite, Apt. #, Etc.

City

EUSTIS

State

FL

Zip Code

32726

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

REGISTERED AGENT MUST SIGN

Date 1-20-2000

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
D	George Manson	139 MADRONA DR	EUSTIS, FL 32726
D	Ramil Gouni	139 MADRONA DR	EUSTIS, FL 32726
			00000000-19750-1 -02/01/00--01133--022 ***1350.00 ***1350.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-20-2000

(407) 467-5549