

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

**FILED**

01 MAR 26 AM 9:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 44575

1. Corporation Name

5 L. D., Inc.

2. Principal Office Address

16649 N. City Rd. 349  
Suite, Apt. #, etc.

3. Mailing Office Address

16649 N. City Rd. 349  
Suite, Apt. #, etc.

**REINSTATEMENT**

4. Date Incorporated or Qualified  
To Do Business in Florida

11/12/1990

5. FEI Number

593003575

Applied For  
Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required  
for a Certificate of Status

City & State

McAlpin, FL

City & State

McAlpin, FL

Zip Country

32062 Suwannee

Zip Country

32062 Suwannee

7. Name and Address of Current Registered Agent

Name

Lloyd C. Hawthorne

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

16649 N. City Rd. 349  
Suite, Apt. #, Etc.

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03/30/01--01088--013

LS\*\*\*908.75 \*\*\*\*08.75

City

McAlpin

State  
**FL**

Zip Code

32062

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

Lloyd C. Hawthorne  
REGISTERED AGENT MUST SIGN

Date

3/20/01

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	<u>Kay Hawthorne</u>	<u>16649 N. City Rd 349</u>	<u>McAlpin, FL 32062</u>
Sec. Treas.	<u>Lloyd C. Hawthorne</u>	<u>16649 N. City Rd. 349</u>	<u>McAlpin, FL 32062</u>

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: Kay Hawthorne

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kay Hawthorne

3/20/01

Date

386-776-1388

Daytime Phone #

CR2E081 (9/00)