

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 JUN 16 AM 11:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000067542

1. Corporation Name

RANDY LOOSA, INC
LOOSA

2. Principal Office Address

1209 SCOTT AVE

Suite, Apt. #, etc.

City & State

LEHIGH ACRES, FL

Zip

33972

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT

03-04

04/27/04 01031 025 156.00

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number

65-1118062

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

HERITAGE TAX & CONSULTING SERVICES INC

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

11220 METRO PARWAY

Suite, Apt. #, Etc.

3

City

FORT MYERS

State

FL

Zip Code

33912

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

DAVID LOOSA, Pres.

REGISTERED AGENT MUST SIGN

Date 05/03/04

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
P,D	RANDY LOOSA	1209 SCOTT AVE	LEHIGH ACRES, FL 33972

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

05/03/04

Date

239-369-3856

Daytime Phone #

CR2E081 (01/04)