

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



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

**DOCUMENT # 154957**

1. Corporation Name

**SHEFFIELD & LOEHR, INC.**

FILED  
97 FEB 17 AM 10:31  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

2149 S.E. OCEAN BLVD.  
C/O CHARLES T SIMMONS, CPA: POB 1646  
STUART FL 34996-3305  
US

Mailing Address

2149 S.E. OCEAN BLVD.  
C/O CHARLES T SIMMONS, CPA: POB 1646  
STUART FL 34996-3305  
US

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

2. New Principal Office Address, If Applicable

**2371 NE Center Cir**  
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

**2371 NE Center Cir**  
Suite, Apt. #, etc.

4. Date Incorporated or Qualified To Do Business in Florida

**05/27/1948**

5. FEI Number

**59-0581996**

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$0.75 Additional Fee required for a Certificate of Status

City & State

**Jensen Beach FL**

City & State

**Jensen Beach FL**

Zip

**34957**

Country

**Martin**

Zip

**34957**

Country

**Martin**

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	LOEHR, RICHARD H.	% 417 COCONUT AVE., STE. 1	STUART FL

**REINSTATEMENT**

900002091479--3  
-02/19/97--01013--009  
\*\*\*\*375.00 \*\*\*\*375.00

8. Name and Address of Current Registered Agent

LOEHR, RICHARD H.  
C/O 2143 S.E. OCEAN BLVD.  
P.O. BOX 1646  
STUART FL 34995

9. Name and Address of New Registered Agent

Name

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

**2371 NE Center St**  
Suite, Apt. #, Etc.

City

**Jensen Beach**

State

**FL**

Zip Code

**34957**

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

*Richard H. Loehr*

REGISTERED AGENT MUST SIGN

Date

**27 Dec 96**

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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:

*Richard H. Loehr*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**27 Dec 96**

Daytime Phone #

CP-25340 (7/96)