

# **2011 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# 276370

**FILED**  
**Oct 26, 2011**  
**Secretary of State**

**Entity Name:** LORENE INVESTMENT CO

**Current Principal Place of Business:**

848 SR 848  
GRANDIN, FL 32138

**New Principal Place of Business:**

848 CR 315 NORTH  
GRANDIN, FL 32138

**Current Mailing Address:**

POST OFFICE BOX 99  
GRANDIN, FL 32138

**New Mailing Address:**

**FEI Number:** 59-1361291

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CLAY, LORENE  
848 CORNER HWY 100  
SR 315  
GRANDIN, FL 32138 US

**Name and Address of New Registered Agent:**

CLAY, LORENE  
848 CR 315 NORTH  
GRANDIN, FL 32138 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: LORENE CLAY

10/26/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: CLAY, LORENE  
Address: BOX 99, CRN HWY 100 & 315  
City-St-Zip: GRANDIN, FL 32138

Title: VD  
Name: CLAY, R.T. JR.  
Address: 848 CR 315 NORTH  
City-St-Zip: GRANDIN, FL 32138

Title: STD  
Name: CLAY, R.T.  
Address: 848 CR 315 NORTH  
City-St-Zip: GRANDIN, FL 32138

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: R.T. CLAY

STD

10/26/2011

Electronic Signature of Signing Officer or Director

Date