PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

# APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
**Jim Smith**
Secretary of State
DIVISION OF CORPORATIONS

FILED
02 NOV 15 PM 6:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 510517

REINSTATEMENT 02

1. Corporation Name

**LORENZO'S OF AMERICA, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| % G. BRANDT<br>2413 W. COLONIAL DR.<br>ORLANDO FL 32806-3034 | % G. BRANDT<br>2413 W. COLONIAL DR.<br>ORLANDO FL 32806-3034 |

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

| 2. New Principal Office Address, If Applicable | | 3. New Mailing Office Address, If Applicable | |
|---|---|---|---|
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

4. Date Incorporated or Qualified To Do Business in Florida: 08/10/1976

5. FEI Number: 59-1688152 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

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

| Title(s) 1 | Name of Officers and/or Directors 2 | Street Address of Each Officer and/or Director 3 | City / State / Zip 4 |
|---|---|---|---|
| PD | BRANDT, GARY | ~~1912 S. ORANGE AVE.~~ 2413 W 50 Orl FL 32804 | ORLANDO FL |
| SD | BRANDT, CAROL | ~~1912 S. ORANGE AVE.~~ 2413 W 50 Orl FL 32804 | ORLANDO FL |
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| | | | |
| | | | |

100000593131
10/25/02--01054--024 **550.00
100000593131
11/15/02--01012--002 **200.00

| 8. Name and Address of Current Registered Agent | 9. Name and Address of New Registered Agent |
|---|---|
| BRANDT, GARY<br>2413 W. COLONIAL DR.<br>ORLANDO FL 32804 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>Suite, Apt. #, Etc.<br>City / State FL / Zip Code |

CR2E040 (8/02)

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. or 617.0505, F.S.

Signature of Registered Agent: Mary W Brandt SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date: 10-23-02

11. 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:** Mary W Brandt SIGNATURE REQUIRED 10-23-02 407-298-7400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #