

**APPLICATION  
FOR  
REINSTATEMENT**



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

**DOCUMENT # 614166**

1. Corporation Name

**PAUL H. LOTTMAN CONSTRUCTION, INC.**

Principal Place of Business

Mailing Address

12841 S.W. 117 ST.  
P.O.BOX 161299 (33116)  
MIAMI FL 33186

12841 S.W. 117 ST.  
P.O.BOX 161299 (33116)  
MIAMI FL 33186

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

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	4 City / State / Zip
PTD	LOTSMAN, PAUL H	12841 S.W. 117 ST.	MIAMI FL
S	LOTSMAN, JOAN C	12841 S.W. 117 ST.	MIAMI FL

8. Name and Address of Current Registered Agent

**LOTSMAN, LORNA M**  
**1228 WEST AVENUE**  
**APT 513**  
**MIAMI BEACH FL 33139**

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

**FL**

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

REGISTERED AGENT MUST SIGN

Date Dec 10/2000

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/10/00

Date

305 386 2052

Daytime Phone #

**FILED**

**00 DEC 15 PM 2:23**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**



**REINSTATEMENT**

4. Date Incorporated or Qualified To Do Business in Florida

**03/22/1979**

5. FEI Number

**59-1900130**

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

**\$8.75 Additional Fee required for a Certificate of Status**

CR2ED40 (8/00)