

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT 18 PM 3:11

DOCUMENT # 659783

1. Corporation Name

JON LUEHRS SPECTACULAR ATTRACTIONS, INC.

Principal Place of Business

Mailing Address

1920 SW 105 AVENUE
DAVIE FL 33324

1920 SW 105 AVENUE
DAVIE FL 33324



REINSTATEMENT

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

4. Date Incorporated or Qualified
To Do Business in Florida

03/19/1980

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-1977263

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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 and State 4
PD	LUEHRS, JON	1920 SW 105 AVENUE	DAVIE FL
S	LUEHRS, JOAN	1920 SW 105TH AVENUE	DAVIE FL
VP	LUEHRS, JON J	1920 SW 105TH AVENUE	DAVIE FL
VP	LUEHRS, KIM	1920 SW 105TH AVENUE	DAVIE FL
V	LUEHRS, KEVIN	1920 SW 105 AVENUE	DAVIE FL 33324

8. Name and Address of Current Registered Agent

LUEHRS, JON
1920 SW 105 AVENUE
DAVIE FL 33324

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 10-10-00

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

Date

Daytime Phone #

1622

CR2E040 (8/00)