

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

10 FEB -3 PH 2: 08

DOCUMENT # 691885

1. Corporation Name

ALLEN W. LLOYD, P.A.

2. Principal Office Address - No P.O. Box #

5005 N. Wickham Rd.

3. Mailing Office Address

P.O. 33519

Suite, Apt. #, etc.

101

Suite, Apt. #, etc.

City & State

MELBOURNE FL

City & State

Indiantonic, FL

Zip

32940

Country

Zip

32903

Country

CR2E081 (11/09)

4. Date Incorporated or Qualified
To Do Business in Florida

6/25/81

5. FEI Number

59-2111398

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Allen W. Lloyd

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

5005 N. Wickham Rd.

Suite, Apt. #, Etc

101

City

Melbourne

State

FL

Zip Code

32940

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607 0505 or 617 0503, F.S.

Signature of
Registered Agent

Allen W. Lloyd

Date

2/01/10

REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres.	Allen W. Lloyd	5005 N. Wickham Rd. (#101)	Melbourne, FL 32940

100167914761
02/03/10--01033--015 **450.00

REINSTATEMENT 08-10

10. E-mail Address: Hawk327@aol.com

(To be used for future annual report notification)

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. I further certify, 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: *Allen W. Lloyd* Allen W. Lloyd

2/01/10

321-757-4001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #