

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F95000001484**

1. Corporation Name

LDI CONSULTANTS, INC.

FILED

97 DEC -3 PM 3:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

**2628 RIVERS ROAD
ATLANTA GA 30305**

Mailing Address

**2628 RIVERS ROAD
ATLANTA GA 30305**



REINSTATEMENT 97

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

03/28/1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

NOT APPLICABLE

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PCSD	IAROCCHI, LAURA D	2628 RIVERS ROAD	ATLANTA GA

700002367407-3
-12/09/97-01105-002
****750.00 ****750.00

8. Name and Address of Current Registered Agent

**KAY, JAMES R
580 VILLAGE BLVD., STE 100
WEST PALM BEACH FL 33409**

9. Name and Address of New Registered Agent

Name
Kay, James R.
Street Address (P.O. Box Number is Not Acceptable)
Akerman, Senterfitt & Eidson, P.A.
Suite, Apt. #, Etc.
777 South Flagler Drive, Suite 900
City
West Palm Beach
State
FL
Zip Code
33401

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 **11/26/97**

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐ No ☐

(See other side for information
on intangible tax.)

12. 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:

LAURA D. IAROCCHI
Signature of Laura D. Iarocchi

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/12/97 (404) 264-1285
Date Daytime Phone #

CR2E040 (8/97)