

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F95000005603

1. Corporation Name

LODEX OS, INC.

FILED

03 DEC 23 PM 3:23

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



300025735633
12/23/03--01056--020 **150.00

Principal Place of Business

Mailing Address

**220 EAST 42ND STREET
27TH FLOOR
NEW YORK NY 10017**

**220 EAST 42ND STREET
27TH FLOOR
NEW YORK NY 10017**

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

11/15/1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

13-3696913

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 / State / Zip 4
PD	TANSEY, FRANCIS X	220 EAST 42ND STREET 27TH FLOOR	NEW YORK NY 10017
VS	SUMMERS, BRIAN T	220 EAST 42ND STREET 27TH FLOOR	NEW YORK NY 10017
TD	LUSKI, DAVID	220 EAST 42ND STREET 27TH FLOOR	NEW YORK NY 10017

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE

Date

REGISTERED AGENT MUST SIGN

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)(l), 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

12-15-03

Date

Daytime Phone #

CR2E040 (7/03)



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Weiser LLP
Certified Public Accountants

135 West 50th Street
New York, NY 10020-1299
Tel 212.812.7000
Fax 212.375.6888

www.mrweiser.com

December 9, 2003

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Lodex OS, Inc.
EIN: 13-3696913
Document No: F93000005603
Notice Date: September 19, 2003

Dear Sir/Madam:

We are the accountants for the above mentioned taxpayer and are in receipt of your notice and Certificate of Revocation dated September 19, 2003, a copy of which is enclosed. The notice indicates that the above mentioned taxpayer did not file its 2003 corporation annual report/uniform business report (UBR).

Lodex OS, Inc. did not receive the UBR filing form for 2003. Per instructions from the Division of Corporations, we are enclosing a completed Application for Reinstatement form with a check in the amount of \$150.00. We respectfully request that you waive the reinstatement fee.

If you require any additional information, please do not hesitate to contact the undersigned.

Very truly yours,

Tara McCoy-Jeffers