

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 #** F96000004684

1. Corporation Name

LTS PROPERTIES (NV) LIMITED, INC.

Principal Place of Business

Mailing Address

The-Bark  
Gurnsey-Channel-Islands

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable  
P.O. Box 747

Suite, Apt. #, etc.

City & State  
Loughman, FL

Zip  
33858

Country  
USA

3. New Mailing Address, If Applicable  
P.O. Box 747

Suite, Apt. #, etc.

City & State  
Loughman, FL

Zip  
33858

Country  
USA

4. Date Incorporated or Qualified  
To Do Business in Florida 9/12/96

5. FEI Number

☒ Applied For  
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ \$8.75 Additional Fee required  
for a Certificate of Status

FILED

97 NOV 12 AM 10:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**REINSTATEMENT**

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
PC	Croshaw, P.M.	7th Floor Victoria St.	Douglas, Isle of Man
V	Patel, Pragati Mrs.	32 Eaglesfield Road	Shooters Hill, London SE 18
S	Jordans & Sons Isle of Man Ltd.	7th Floor Victoria St.	Douglas, Isle of Man
V	Patel, Bhaskar M.	7807 Turkey Oak Lane	Kissimmee, FL 34747

8. Name and Address of Current Registered Agent

Corporation Company of Miami  
201 S. Biscayne Blvd.  
1600 Miami Center  
Miami, FL 33131

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

By:

Michael J. Grindstaff REGISTERED AGENT MUST SIGN Vice President

Date 11/4/97

11. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information  
on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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:**

Bhaskar M. Patel, V.P. 11-11-97 407-390-1982

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR25040 (12/95)