

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

00 OCT -9 PM 1:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F96000005941**

1. Corporation Name

Loss Consultants International, Ltd. *INC*

2. Principal Office Address

1361 South Ocean Boulevard

3. Mailing Office Address

1361 South Ocean Boulevard

Suite, Apt. #, etc.
901

Suite, Apt. #, etc.
901

City & State

Pompano Beach, Florida

City & State

Pompano Beach, Florida

Zip

33062

Country

USA

Zip

33062

Country

USA

REINSTATEMENT

97-00

4. Date Incorporated or Qualified
To Do Business in Florida 11/13/96

SP

5. FEI Number

04-3223986

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

Andrew M. Fusco

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

1361 South Ocean Boulevard

Suite, Apt. #, Etc.

901

City

Pompano Beach

State
FL

Zip Code

33062

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

Andrew M. Fusco

Date

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
President			
Treasurer	Andrew M. Fusco	1361 South Ocean Boulevard, #901	Pompano Beach, FL 33062
V.P.			
Secretary	Gail M. Fusco	1361 South Ocean Boulevard, #901	Pompano Beach, FL 33062
Director	Andrew M. Fusco	1361 South Ocean Boulevard, #901	Pompano Beach, FL 33062

10. 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:

Andrew M. Fusco

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Andrew M. Fusco

Date

954-229-9533

Daytime Phone #