

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 OCT 30 AM 10:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F97000003636

1. Corporation Name

LAKE CHARLES NAVAL STORES CO., INC.

Principal Place of Business

830 UNION ST  
STE 200  
NEW ORLEANS LA 70112

Mailing Address

830 UNION ST  
STE 200  
NEW ORLEANS LA 70112

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

07/14/1997

5. FEI Number

72-0233720

Applied For

Not Applicable

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
CP	WHITE, JOHN F	203 CARONDELET ST, SUITE 710	NEW ORLEANS LA 70130
VCV	WHITE, H. HUNTER JR	826 UNION ST, SUITE 100	NEW ORLEANS LA 70112
SD	PHILLIPS, NATHANIEL P JR	826 UNION ST, SUITE 100	NEW ORLEANS LA 70112
TD	KELLEHER, HARRY B JR	2121 AIRLINE HWY, SUITE 301	METAIRIE LA 70001

400008700694

10/30/02 01078 007 \*\*150.00

8. Name and Address of Current Registered Agent

CAPITAL CONNECTION, INC.  
417 E. VIRGINIA ST.  
STE. 1  
TALLAHASSEE FL 32301-1283

9. Name and Address of New Registered Agent

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

REGISTERED AGENT MUST SIGN

Date

10/25/02

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)(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:

SIGNATURE OF JOHN F. WHITE

Date

Daytime Phone #

10-22-02 504-524-8602

CR2040 (8/02)

LAKE CHARLES NAVAL STORES CO., INC.

830 UNION STREET, SUITE 200

NEW ORLEANS, LOUISIANA 70112

(504) 524-8602

FAX (504) 524-8621

October 21, 2002

Florida Department of State  
Jim Smith  
Secretary of State  
Division of Corporation  
Registration Section  
P.O. Box 6327  
Tallahassee, FL 32314-6327

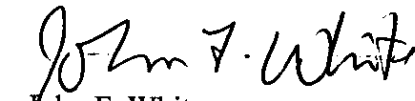
Re: Lake Charles Naval Stores Co., Inc.

Dear Sir:

Please be advised that we did not receive any prior forms for the above referenced LLC, and as such we are requested Reinstatement. Enclosed please find the signed form #F97000003636.

Please advise is any further information is needed.

Sincerely,

  
John F. White.

JFW/dmv  
encl.