

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 FEB 18 PM 1:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F97000005986**

1. Corporation Name

LoBue Associates, Inc.

2. Principal Office Address

1771 E. Flamingo Rd.

Suite, Apt. #, etc.

Suite 219-A

City & State

Las Vegas, NV

Zip

89119

Country

USA

3. Mailing Office Address

1771 E. Flamingo Rd.

Suite, Apt. #, etc.

Suite 219-A

City & State

Las Vegas, NV

Zip

89119

Country

USA

REINSTATEMENT

9907

4. Date Incorporated or Qualified
To Do Business in Florida

04/09/91

5. FEI Number

22-2377845

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

CSC The United States Corporation Company

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

1201 Hays St.

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

000003145326-3

-02/23/00--01104--008

******900.00 ****900.00**

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

Deborah D. Skipper

Deborah D. Skipper
as its agent

REGISTERED AGENT MUST SIGN

Date

1-31-00

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
CP	Carl LoBue	2342 Dolphin Ct.	Green Valley, NV 89014
V	Robert Andrzejewski	2332 Caserta Ct.	Green Valley, NV 89014
D	Allan Morehead	49 E. 86th St. - 3A	NY, NY 10028

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:

Carl LoBue

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/10/00

Daytime Phone #

705-440-6000

CP2E081 (9/99)