

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **F98000003498**

1. Corporation Name

LCC FINANCIAL CORP.

Principal Place of Business

1000 SECOND ST.
MANCHESTER NH 03102

Mailing Address

1000 SECOND ST.
MANCHESTER NH 03102

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

06/19/1998

5. FEI Number

02-0498403

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
P	WILENSKY, DANIEL	10 MARINER'S LANE 5304 Alexander Circle	MARBLEHEAD MA 01945 Atlanta, GA 30326
CEO	LUSSIER, GEORGE	58 WENDOVER WAY	BEDFORD NH 03110
V	MILLS, KEVIN	677 CHERRY VALLEY RD.	GILFORD NH 03246 LS
S	VAN LOAN, EUGENE	65 MARKET ST.	MANCHESTER NH 03101
S	C. Russell Shillaber	Box 1200, Wakefield Rd	Rochester, NH 03866
T	LUSSIER, MARGARET	58 WENDOVER WAY	BEDFORD NH 03110
T	Paul Hirshberg	310 Foliage Court	Roswell, Ga 30076

8. Name and Address of Current Registered Agent

LEXIS DOCUMENT SERVICES INC.
3953 WW KELLEY ROAD
TALLAHASSEE FL 32311

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.

Signature of
Registered Agent

Lisa James

REGISTERED AGENT MUST SIGN

Date

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Kevin Mills, VP

10-28-99

Date

888-497-1555

Daytime Phone #

200003036592--6

2

ACCOUNT FILING COVER SHEET

ACCOUNT NUMBER: FCA000000005

REFERENCE: _____
(Sub Account)

DATE: 11-5-99

REQUESTOR NAME: LEXIS DOCUMENT SERVICES

ADDRESS: _____

TELEPHONE: (____) (____ - ____) ext (____)

CONTACT NAME: _____

CORPORATION NAME: LCC FINANCIAL CORP

DOCUMENT NUMBER: File Reinstatement
(if applicable) plain copy and cus back, please

AUTHORIZATION: C. Woodyard

☒ CERTIFIED COPY (1-9)
☒ CERTIFICATE OF STATUS (1-9)
☒ PLAIN STAMPED COPY

☒ Call When Ready () Call if Problem
☒ Walk In () Will Wait
☒ Mail Out

RECEIVED
99 NOV -5 AM 11:57
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA