

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10/2

CORPORATION  
REINSTATEMENTFLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONSFILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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DOCUMENT # F99 000005445

## 1. Corporation Name

L.O.S.T. ENTERPRISES, INC.

## 2. Principal Office Address

5440 gum powder dr. Hickory, NC

Suite, Apt. #, etc.

## 3. Mailing Office Address

Same

Suite, Apt. #, etc.

## City &amp; State

Hickory, NC

## City &amp; State

Same

## Zip

28601

## Country

USA

## Zip

Same

## Country

Same

REINSTATEMENT 04-06

CR2E081 (12/05)

4. Date Incorporated or Qualified  
To Do Business in Florida

10/18/1999

## 5. FEI Number

561973718

## 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

Bruce Harris

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

1195 NW 16th Av.

## Suite, Apt. #, Etc.

Suite 4

## City

Boca Raton

## State

FL

## Zip Code

33486

## 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

REGISTERED AGENT MUST SIGN

Date

11/7/06

## 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
Pres.	Guy E. Lundquist	5440 Gum Powder dr.	Hickory, NC 28601
V.P.	Alvin Wright	1195 NW 16th Av.	Boca Raton, FL 33486

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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 contained in Chapter 119, 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

Date

11-7-06

Daytime Phone #

828-312-3793

2 of 2

November 8<sup>th</sup>, 2006

Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee FL 32314

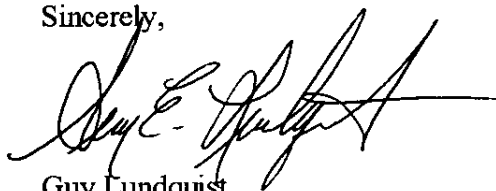
Dear Sir or Madam:

Attached please find my completed Corporation Reinstatement form for "LOST Enterprises, Inc."

I was unaware of the cancellation of my corporation as I did not receive the annual renewal notice in ~~1994~~  
2004

Attached please find a check for \$ 450 for the Annual Report Fee and Corporate Supplemental Fee for the years 2004, 2005 and 2006. I request a waiver of the Reinstatement fee as a result of not having received any annual report notice in 2004 or since then.

Sincerely,



Guy Lundquist  
President  
LOST Enterprises, Inc.