PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

F99000005445

1. Corporation Name

LOST ENTERPRISES INC.

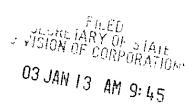
Principal Place of Business

Mailing Address

370 16TH STREET PLACE SE HICKORY NC 28602

370 16TH STREET PLACE SE

HICKORY NC 28602



REINSTATEMENT

If above a	addresses are incorrect in any way, line thr	rough incorrect in	nformation and c	enter correction below.	12/11/1 12/11/1	0009464 0201027008	466 **750.00	
			iling Office Address, If Applicable		Date Incorporated or Qualified To Do Business in Florida 10/18/1999			
Suite, Apt.		Suite, Apt. #,			5. FEI Number	56-1072710	Applied For	
City & State			City & State		6.	56-1973718	Not Applicable	
Zip	p Country Zip		C	country	- ·	OESTATUS DESIRED-	\$8.75 Additional Fee required for a Certificate of Status	
7. Nāmes a	and Street Addresses of Each Officer and/	or Director (Flo	rida nonprofit co	prporations must list at lea	ast 3 directors)	1		
Title(s)	Name of Officers and/or Directors		Street Address of Each Officer and/or Director			City / State / Zip		
Р	LUNDQUIST, GUY E		6045 POWDER POINTE DR			HICKORY NC 28601		
VP	LUNDQUIST, EDWIN 6->	-407-25TH-STREET NW-		HICKORY-NC-58601				
CST	CST COLEMAN, NANCY L JONI L Punch			1422 AIRPORT RHODKISS RD.		HICKORY NO 28601 Hickory N	i	
VP DELLINGER, FRANK C			2617 ELBOW RD		•	NEWTON-NC 28658		
8. Name and Address of Current Registered Agent					9. Name and A	Address of New Registe	red Agent	
				Name				
CORPORATION SERVICE COMPANY 1201 HAYS STREET				Street Address (F	Street Address (P.O. Box Number is Not Acceptable)			
TALLAHASSEE FL 32301				Suite, Apt. #, Etc.	Suite, Apt. #, Etc.			
÷ ———			City	City State Zip Code FL				
10. I, being Signature o Registered		Jan Jan		, IUIRED	bligations of Section	on 607.0505, F.S. or 617	.0505, F.S.	
	RE	EGISTERED AG	SENT MUST SIG	àN				

11.1 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 filling 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.

Daytime Phone #