

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

DOCUMENT # **G48212**

1. Corporation Name

Worsell Enterprises, Inc.

2. Principal Office Address

16451 Goodway Dr
Suite, Apt. #, etc.

3. Mailing Office Address

PO Box 1784
Suite, Apt. #, etc.

City & State

Brooksville, FL

Zip Country

34602

City & State

Brooksville, FL

Zip Country

34605

4. Date Incorporated or Qualified
To Do Business in Florida

07/11/1983

5. FEI Number

59-2315949

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

Pancoast, Lora

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

16451 Goodway Dr.

Suite, Apt. #, Etc.

City

Brooksville

State

FL

Zip Code

34602

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

Lora Pancoast

REGISTERED AGENT MUST SIGN

Date

4/29/02

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
P/D	Pancoast, R.E.	16451 Goodway Dr	Brooksville, FL 34602
P/S/D	Pancoast, Lora	16451 Goodway Dr	Brooksville, FL 34602

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:

RE Pancoast Pres. 4/29/02 (352) 754-0316
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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April 29, 2002

Florida Department of State

Katherine Harris

Secretary of State

Divisions of Corporations

PO Box 6327

Tallahassee, Fl. 32314

Lorsell Enterprises, Inc.

PO Box 1784

Brooksville, Fl. 34605

Reference: G48212

To whom it may concern:

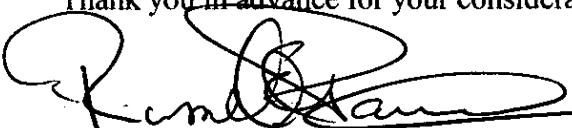
Enclosed please find our check in the amount of \$450.00 for the years 2000, 2001 and 2002. I would request that we would be reinstated for this amount, and that the penalty fee would be waived.

I apologize for not filing over this time period.

In 1999 we moved our office, and had our mail forwarded. But unfortunately, never received our Annual report.

At the same time, I also understood that the annual report was being eliminated. Only now to find out that it was replaced with the Uniform Business report.

Thank you in advance for your consideration.



Russell E. Pancoast, President

Lorsell Enterprises, Inc.