PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
98 JUL -1 AM 8:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # G51651

1. Corporation Name
Luco Equities, Inc.

Principal Place of Business | Mailing Address

REINSTATEMENT 97-98
5C 7-9-98

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Colonial Bank Centre	P.O. Box 160306
Suite, Apt. #, etc. 41 North Beltline Highway	Suite, Apt. #, etc.
City & State Mobile, AL	City & State Mobile, AL
Zip 36608-1201 Country	Zip 36616-1306 Country

4. Date Incorporated or Qualified To Do Business in Florida 7-29-83

5. FEI Number 63-0853187 ☐ 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 (Do NOT Use Post Office Box Numbers)	City / State / Zip 4
PD	John B. Saint	41 North Beltline Highway	Mobile, AL 36608-1201
VD	Chester J. Stefan	41 North Beltline Highway	Mobile, AL 36608-1201
VD	Donald P. Kelly, Jr.	41 North Beltline Highway	Mobile, AL 36608-1201
VS	Paul C. Wesch	41 North Beltline Highway	Mobile, AL 36608-1201
VT	William H. Ishee	41 North Beltline Highway	Mobile, AL 36608-1201
V	Joseph J. Campus, III	41 North Beltline Highway	Mobile, AL 36608-1201

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name: Joseph J. Campus, III
Street Address (P.O. Box Number is Not Acceptable): 3298 Summit Blvd. #18
Suite, Apt. #, Etc.
City: Pensacola State: FL Zip Code: 32503-4350

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****900.00 ****900.00

CR2E040 (12/96)

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: Joseph J. Campus, III
REGISTERED AGENT MUST SIGN

Date 6/15/98

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information on intangible tax.)

12. 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: Paul C. Wesch
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(334) 380-2929
Daytime Phone #