

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **G66212**

1. Corporation Name

LOSCHIM, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 DEC -6 PM 12: 52

Principal Place of Business

30364 OVERSEAS HIGHWAY
BIG PINE KEY FL 33043
US

Mailing Address

P.O. BOX 430507
BIG PINE KEY FL 33043
US

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

10/25/1983

5. FEI Number

59-2360136

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
STD	REASIN, RICHARD	30364 U.S. 1	BIG PINE KEY FL
PD	MOORS, JOSE	B-2700 STREET	ANTWERPEN, BELGIUM

1000003499811-1
-12/13/00--01072--012
****750.00 ****750.00

8. Name and Address of Current Registered Agent

CUNNINGHAM, RALPH E.
2975 OVERSEAS HIGHWAY
MARATHON FL 33050

9. Name and Address of New Registered Agent

Name

RICHARD C. REASIN

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

30364 U.S. 1

Suite, Apt. #, Etc.

City

BIG PINE KEY

State

FL

Zip Code

33043

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

[Signature]
REGISTERED AGENT MUST SIGN

Date

11/30/00

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
RICHARD C. REASIN

11/30/00

Date

305-872-3283
Daytime Phone #