

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

00 DEC -6 PM 12:52

DOCUMENT # **G66212**

1. Corporation Name
LOSCHIM, INC.

Principal Place of Business 30364 OVERSEAS HIGHWAY BIG PINE KEY FL 33043 US	Mailing Address P.O. BOX 430607 BIG PINE KEY FL 33043 US
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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		4. Date Incorporated or Qualified To Do Business in Florida 10/25/1983	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 59-2360136	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
STD	REASIN, RICHARD	30364 U.S. 1	BIG PINE KEY FL
PD	MOORS, JOSE	B-2700 STREET	ANTWERPEN, BELGIUM

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	
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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]* **SIGNATURE REQUIRED** Date **11/30/00**
 REGISTERED AGENT MUST SIGN

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 REQUIRED** Date **11/30/00** Daytime Phone # **305-872-3283**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
RICHARD C. REASIN

CR2E040 (8/00)