

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED  
AND  
FILED

02 JUL 15 AM 11:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



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

DOCUMENT # **G66212**

1. Corporation Name

**LOSCHIM, INC.**

2. Principal Office Address

**27790 KYLE BLVD.**

Suite, Apt. #, etc.

3. Mailing Office Address

**P.O. Box 430507**

Suite, Apt. #, etc.

City & State

**BIG PINE KEY, FL**

City & State

**BIG PINE KEY, FL**

Zip

**33043**

Country

**USA**

Zip

**33043**

Country

**USA**

**REINSTATEMENT 2001-2002**

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. Name and Address of Current Registered Agent

Name

**RICHARD C. REASIN**

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

**27790 KYLE BLVD.**

Suite, Apt. #, Etc.

**200006660712--6**

**07/25/02 01049-008**

**\*\*\*900.00 \*\*\*900.00**

City

**BIG PINE KEY, FL**

State  
**FL**

Zip Code

**33043**

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

*Richard C. Reasin*

REGISTERED AGENT MUST SIGN

Date

**6/28/02**

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	<b>JOSÉ MOORS</b>	<b>BOGRENDREEF #2</b>	<b>B-2700 ANTWERPEN, BELGIUM</b>
S/D	<b>RICHARD C. REASIN</b>	<b>27790 KYLE BLVD</b>	<b>BIG PINE KEY, FL 33043</b>

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:

*Richard C. Reasin*

**RICHARD C. REASIN AS SECRETARY/TREASURER**

Date

**6/28/02**

Daytime Phone #

**(305)  
872-4452**

CR2E001 (6/01)