

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION  
FOR  
REINSTATEMENT



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

97 NOV -4 PM 12:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # H73662

1. Corporation Name

LOMAC ENTERPRISES, INC.

Principal Place of Business

135 MCFARLAND ROAD  
DEFUNIAK SPRINGS FL 32433  
US

Mailing Address

135 MCFARLAND ROAD  
DEFUNIAK SPRINGS FL 32433  
US



REINSTATEMENT 97 of 11/5

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

08/28/1985

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2562477

Applied For

City & State

City & State

Not Applicable

Zip

Country

Zip

Country

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D	MCFARLAND, FRANK S.	135 MCFARLAND ROAD	DEFUNIAK SPRINGS FL
PD	MCFARLAND, LORRAINE S.	135 MCFARLAND ROAD	DEFUNIAK SPRINGS FL
D	MCFARLAND, FRANK S., JR.	135 MCFARLAND ROAD	DEFUNIAK SPRINGS FL
D	KENNINGTON, JUDITH E.	KENNINGTON RD.	RED BAY FL
D	MCFARLAND, MARGARET L	135 MCFARLAND ROAD	DEFUNIAK SPGS. FL

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MCFARLAND, LORRAINE S.  
135 MCFARLAND ROAD  
DEFUNIAK SPRINGS FL 32433

Name

9000002340929-6

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

11-00-97-0119-014

Suite, Apt. #, Etc.

\*\*\*750.00 \*\*\*750.00

City

State  
FL

Zip Code

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

Lorraine S. McFarland

REGISTERED AGENT MUST SIGN

Date

Oct. 27, 1997

11. This corporation owes or has paid the current year  
Intangible Personal Property tax due June 30.

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:

Lorraine S. McFarland

LORRAINE S. MCFARLAND

10-27-97

Date

Daytime Phone #

850-  
892-  
2600