

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



98-99 AR

FILED

09 MAY 24 AM 8:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # J91388

1. Corporation Name

LOPANA TRANSPORTATION & BROKERAGE, INC.

Principal Place of Business

Mailing Address

4000 HOLLYWOOD BLVD.  
SUITE 710N  
HOLLYWOOD FL 33021

4000 HOLLYWOOD BLVD.  
SUITE 710N  
HOLLYWOOD FL 33021

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

5909 S. University Dr.

1350 6th Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
Davie, Florida

City & State  
New York

Zip  
33328

Country  
USA

Zip  
NY

Country  
10019

REINSTATEMENT 98-990

4. Date Incorporated or Qualified  
To Do Business in Florida

09/09/1987

5. FEI Number

59-2842942

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 (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
ODS	ANAPOL, JOEL	1115 TICKER ROAD TUCKER ROAD	N. DARTMOUTH MA 02747

000002896560 - 6

-06/07/99 - 01103 - 016

\*\*\*800.00 \*\*\*800.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

STERN, WILLIAM B  
4000 HOLLYWOOD BLVD.  
SUITE 710N  
HOLLYWOOD FL 33021

Name  
Stern, William B.

Street Address (Post Office Box Number is Not Acceptable)  
5909 S. University Dr.

Suite, Apt. #, Etc.

City  
Davie

State  
FL

Zip Code  
33328

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

REGISTERED AGENT MUST SIGN

Date 5/19/99

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/12/99

Date

Days ne Phone #

212-  
333-3200

X3107

CR2EDM0 (9/98)