

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

00 MAY -3 AM 8:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



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

DOCUMENT #

K38405

1. Corporation Name

LORVID, Inc.

W-9396

2. Principal Office Address

39248 B AVE

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ZEPHYRHILLS, FL.

City & State

SAME

Zip

Country

33540

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

Nov 1988

5. FEI Number

59-2914224

Applied For

Not Applicable

CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 15-00

7. Name and Address of Current Registered Agent

Name

NANCY M. WILBERT (LESTER)

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

38939 5th Ave

Suite, Apt. #, Etc.

City

ZEPHYRHILLS,

State

FL

Zip Code

33540

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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

Nancy M. Lester (Wilbert)

Date

REGISTERED AGENT MUST SIGN

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
PRES	NANCY M. WILBERT (LESTER)	38939 5th Ave	Zephyrhills, FL 33540

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 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 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

Date

Day

Nancy M. Wilbert

3-27-00

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