

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
RESTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 OCT 26 AM 11:07

DOCUMENT # **K38405**

1. Corporation Name

LORVID, INC

2. Principal Office Address

38939 5th AVE

Suite, Apt. #, etc.

City & State

ZEPHYRHILLS, FL

Zip

33540

Country

PASCO

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

FL

Zip

SAME

Country

SAME

4. Date Incorporated or Qualified

To Do Business in Florida **1988**

5. FEI Number

59-2914224

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

NANCY M LESTER

900004677319-9

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

38939 5th AVE

-11/13/01--01091--006

******150.00 ****150.00**

Suite, Apt. #, Etc.

City

Zephyrhills

State

FL

Zip Code

33540

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

REGISTERED AGENT MUST SIGN

Date

10/22/01

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 LESTER	38939 5th Ave	Zephyrhills, FL 33540
Sec.	Dorothy Cook	39519 9th Ave	" "

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:

Nancy M Lester

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/22/01

Date

813-782-6515

Daytime Phone #

CR2EDR1 (9/00)