

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

APPROVED  
AND  
FILED

00 OCT 16 PM 3:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # K78357

1. Corporation Name

LORNA SALES, INC.

Principal Place of Business

Mailing Address

4904 UMBRELLA TREE LN  
TAMARAC FL 33319  
US

4904 UMBRELLA TREE LN  
TAMARAC FL 33319  
US

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

04/06/1989

5. FEI Number

65-0111157

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	KETTLER, JACK	4904 UMBRELLA TREE LANE	TAMARAC FL 33319
D	KETTLER, LORNA	<del>950 MOCKINGBIRD LANE</del> 4904 UMBRELLA TREE LN	<del>PLANTATION FL</del> TAMARAC, FL 33319

REINSTATEMENT 2000

900003447659--9  
-11/01/00--01100--015  
\*\*\*\*750.00 \*\*\*\*750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

KETTLER, JACK  
950 MOCKINGBIRD LANE  
PLANTATION FL 33324

Name

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

4904 UMBRELLA TREE LN.

Suite, Apt. #, Etc.

City

TAMARAC

State  
FL

Zip Code  
33319

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date

10/14/00

11. 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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/14/00

Daytime Phone #

954-485-2902