

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR REINSTATEMENT**



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

**DOCUMENT #** *K89313*

1. Corporation Name

LORANDA, INC.

Principal Place of Business

Mailing Address

327 CARDINAL WAY  
 STUART, FLORIDA, 34996

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

May 18, 1989

5. FEI Number

65-0118005

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Name 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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
T, D, P	RODERICK D. DAVIES	327 CARDINAL WAY	STUART, FLORIDA 34996
V, S	CYNTHIA DAVIES	327 CARDINAL WAY	STUART, FLORIDA 34996
			700002223457--2 06/26/97 01003 021 ***1141.25 ***1088.75
			<i>DBL-26-97</i>

8. Name and Address of Current Registered Agent

RODERICK D. DAVIES  
 327 CARDINAL WAY  
 STUART, FLORIDA 34996

9. Name and Address of New Registered Agent

Name  
 RODERICK D. DAVIES  
 Street Address (P.O. Box Number is Not Acceptable)  
 327 CARDINAL WAY  
 Suite, Apt. #, Etc.  
 City  
 STUART  
 State  
 FL  
 Zip Code  
 34996

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

*Roderick D. Davies*  
 RODERICK D. DAVIES REGISTERED AGENT MUST SIGN

Date 6/25/97

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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:**

*Roderick D. Davies*  
 RODERICK D. DAVIES, PRESIDENT  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/25/97 561-781-2020  
 Date Daytime Phone #

**FILED**  
 97 JUN 26 AM 10:33  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**REINSTATEMENT** *05-97*

CR3E040 (12/96)