

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

2003 NOV 10 PM 4:20

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000007354

Name and Mailing Address

0014440 01 AT 0.292 **AUTO T2 0 0615 34108-671041



LOHRI INVESTMENTS, LLC
8440 ABBINGTON CIRCLE
D-31
NAPLES FL 34108-6710



2. New Mailing Address City, State, Zip		4. State/Country of Formation FL	
Principal Place of Business 8440 ABBINGTON CIRCLE D-31 NAPLES FL 34108		5. Date Organized or Qualified To Do Business in Florida 05/09/2001	
3. New Principal Place of Business Address City, State, Zip		6. FEI Number 65-1104780	
		Applied For Not Applicable	
		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent NAPLES LAWDOK, INC. 4501 TAMiami TRAIL NORTH SUITE 300 NAPLES FL 34103		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent *e H-d J...* **SIGNATURE REQUIRED** Date 10/31/03

REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	LOHRI, C. DAVID	8440 ABBINGTON CIRCLE #D-31	NAPLES FL 34108
MGR	LOHRI, STEPHANIE	8440 ABBINGTON CIRCLE D-31	NAPLES FL 34108
503110910615 04/15/03 -- 90030 -- 002 -- \$150.00			

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager *e H-d J...* **SIGNATURE REQUIRED** Date 10/31/03 Daytime Phone # 239-566-1360

Typed or printed name of signing Managing Member/Manager

CR2E084 (7/03)

C. David Lohri
Lohri Investments, LLC
8440 Abbingdon Circle, # D-31
Naples, FL 34108
October 31, 2003

FILED
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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Division of Corporations
Registration Section
PO Box 6327
Tallahassee, FL 32314-6327

2003 Uniform Business Report- Lohri Investments LLC

I recently received an application for reinstatement for Lohri Investments LLC with a note stating that that the original Uniform Business Report had not been filed. After receiving this notification, I called the phone number supplied and learned that the form had been received by your office but that certain information had been omitted. The form was filed along with a check for \$150, dated April 10, 2003. Your office received that form and the check.

Enclosed is the signed application for reinstatement. Please advise as to whether this satisfies the applicable requirements and if Lohri Investments LLC has been reinstated.

Thanks.

Sincerely,

