

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

02 JUL 18 PM 1:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** L84285

**1. Corporation Name**

LOVELAND PROPERTIES, P.A.

500006628125--9  
-07/24/02--01054--024  
\*\*\*\*\*300.00 \*\*\*\*\*300.00

**2. Principal Office Address**

8968 Savannah Park

Suite, Apt. #, etc.

**3. Mailing Office Address**

SAME

Suite, Apt. #, etc.

**City & State**

Orlando, FL

**City & State**

**Zip**

32819

**Country**

USA

**Zip**

**Country**

**4. Date Incorporated or Qualified  
To Do Business in Florida**

6/29/90

**5. FEI Number**

59-3022141

**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**

Janet M. Loveland

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

8968 Savannah Park

**Suite, Apt. #, Etc.**

**City**

Orlando

**State**  
FL

**Zip Code**

32819

**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**

*Janet M. Loveland*

REGISTERED AGENT MUST SIGN

**Date**

7/16/02

**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
DP	Janet M. Loveland	8968 Savannah Park	Orlando, FL 32819

**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:**

*Janet M. Loveland*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/16/02

Date

407-352-5800

Daytime Phone #

CR2E081 (9/01)

7/16/02

**THOMAS F. KERNEY, P.A.**

ATTORNEY AT LAW

1420 E. CONCORD STREET  
ORLANDO, FLORIDA 32803

TELEPHONE  
(407) 898-5526

FAX  
(407) 898-5674

July 16, 2002

Attn. Reinstatement Section  
Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

Re: Loveland Properties, P.A.

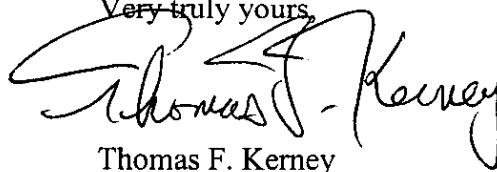
Ladies and Gentlemen:

My client Loveland Properties, P.A. was dissolved in 2001 for failure to file the annual report. On the P.A.'s behalf, I am submitting the Reinstatement Form along with a check for \$300.00. I spoke by phone today with a compliance agent in the reinstatement section who advised that the reinstatement fees would be waived. My client never received the forms and notices, and according to your records, such forms were returned to the Division by the Post Office. Please waive all reinstatement fees and penalties. Thank you.

I am also enclosing a check for \$8.75 for a certificate of status.

Please call me if you have any questions.

Very truly yours,

A handwritten signature in black ink, appearing to read "Thomas F. Kerney", written over the typed name.

Thomas F. Kerney