

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

98 NOV 30 PM 2: 26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPLICATION

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

REINSTATEMENT

DOCUMENT # L86391

1. Corporation Name

LOBO'S SERVICES, INC.

Principal Place of Business

Mailing Address

564-PELICAN BAY DRIVE
DAYTONA BEACH FL 32119
US

564 PELICAN BAY DRIVE
DAYTONA BEACH FL 32119
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

4. Date Incorporated or Qualified
To Do Business in Florida

07/09/1990

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3030942

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	JOHNSON, PETER K	564 PELICAN BAY DRIVE	DAYTONA BEACH FL

6000002707436--2
-12/09/98--01072--021
****150.00 ****150.00

12/13

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

JOHNSON, PETER K
564 PELICAN BAY DRIVE
DAYTONA BEACH FL 32119

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

REGISTERED AGENT MUST SIGN

Date 11-25-98

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-25-98
Date

225-751-5626
Daytime Phone #

CR2E040 (9/98)

**LOBO'S SERVICES, INCORPORATED
564 PELICAN BAY DRIVE
DAYTONA BEACH, FLORIDA 32119-8322**

November 25, 1998

Florida Department of State
Honorable Sandra B. Mortham
Secretary of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

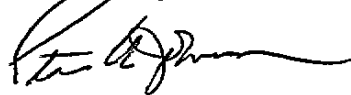
RE: Application For Reinstatement
Document # L86391

Honorable Secretary:

Due to a address change, we did not receive the 1998 application to maintain active status. We are submitting this reinstatement application with the applicable fee for reinstatement.

Should you require any additional information, please feel free to contact us.

Sincerely,



Peter Johnson
President