

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

02 NOV 20 AM 10:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L86391

1. Corporation Name

Lobo's Services, Inc.

2. Principal Office Address

3707 Plumosa Terrace

3. Mailing Office Address

3707 Plumosa Terrace

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Bradenton, Florida

City & State

Bradenton, Florida

Zip

34210

Country

USA

Zip

34210

Country

USA

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

July 9, 1990

5. FEI Number

593030942

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 01-02

7. Name and Address of Current Registered Agent

Name

Peter K. Johnson

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

Suite, Apt. #, Etc.

3707 Plumosa Terrace

City

Bradenton

State
FL

Zip Code

34210

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

REGISTERED AGENT MUST SIGN

Date **November 15, 2002**

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
PD	Peter K. Johnson	3707 Plumosa Terrace	Bradenton, FL 34210

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

November 15, 2002 (800) 225-0899

Date

Daytime Phone #

CR2E081 (9/01)