

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

03 OCT 21 PM 4:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L86391**

1. Corporation Name

LOBO'S SERVICES, INC.

Principal Place of Business

Mailing Address

~~6707 PLUMOSA TERR~~
~~BRADENTON FL 34210~~
US

~~3707 PLUMOSA TERR~~
~~BRADENTON FL 34210~~
US



REINSTATEMENT **03**

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

~~9550 REGENCY SQUARE BLVD.~~
~~Suite, Apt. #, etc.~~
~~708~~

~~9550 REGENCY SQUARE BLVD~~
~~Suite, Apt. #, etc.~~
~~708~~

4. Date Incorporated or Qualified
To Do Business in Florida

07/09/1990

5. FEI Number

59-3030942

Applied For

Not Applicable

City & State
~~JACKSONVILLE FL~~

City & State
~~JACKSONVILLE FL~~

Zip Country
~~32225 US~~

Zip Country
~~32225 US~~

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	JOHNSON, PETER K	3707 PLUMOSA TERR	BRADENTON FL 34210

500023987125
10/21/03--01137--014 **750.00

10/12/03

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

JOHNSON, PETER K
3707 PLUMOSA TERR
BRADENTON FL 34210

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. or 617.0505, F.S.

Signature of
Registered Agent

[Signature]
REGISTERED AGENT MUST SIGN

Date

10-15-2003

11. 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

Date

Daytime Phone #

10-15-2003 (904)721-2925

CR2040 (7/03)