

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

02.NOV 15 PM 4:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M70367

1. Corporation Name

LOUWAERT & SON, INC.

Principal Place of Business

~~4850 SUNSET BOULEVARD
PORT RICHEY FL 34668-6443~~

5350 TARRY LANE
New Port Richey FL

Mailing Address

~~4850 SUNSET BOULEVARD
PORT RICHEY FL 34668-6443~~

5350 TARRY LANE
New Port Richey FL

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

5350 TARRY LANE
New Port Richey FL

City & State

Zip

Country

PASCO

3. New Mailing Office Address, If Applicable

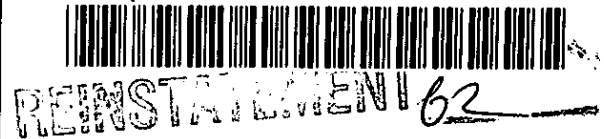
Suite, Apt. #, etc.

5350 TARRY LANE
New Port Richey FL

Zip

Country

PASCO



4. Date Incorporated or Qualified
To Do Business in Florida

03/02/1988

5. FEI Number

59-2879600

Applied For

Not Applicable

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	LOUWAERT, JAMES	4850 SUNSET BLVD.	PORT RICHEY FL
STD	LOUWAERT, DAVID	5350 TARRY LANE	PORT RICHEY FL
V	ODELL, LOWELL, JR.	6505 HARBOR DR.	HUDSON FL

200009026332
11/15/02--01078--026 **750.00

Pr 11/26

8. Name and Address of Current Registered Agent

LOUWAERT, JAMES
4850 SUNSET BLVD.
PORT RICHEY FL 34668

9. Name and Address of New Registered Agent

Name

JAMES LOUWAERT

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

5350 TARRY LANE

Suite, Apt. #, Etc.

New Port Richey FL

City

State
FL

Zip Code

34668

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

James Louwaert
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 11/11/02

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: *James Louwaert*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/11/02

Date

Daytime Phone #

CR2E040 (8/02)