

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

1997 APR -7 PM 4: 20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000000047

1. Corporation Name

LITHUANIAN CHILDRENS ORPHANAGE, INC.

Principal Place of Business

Mailing Address

~~405 N OCEAN BLVD #805~~
~~POMPANO BEACH FL 33062~~

~~405 N OCEAN BLVD #805~~
~~POMPANO BEACH FL 33062~~

5110 N.W. 85 AVE
LAUDERHILL, FL 33351

5110 N.W. 85 AVE
LAUDERHILL, FL 33351

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

2. New Principal Office Address, If Applicable
5110 N.W. 85 AVE

3. New Mailing Office Address, If Applicable
5110 N.W. 85 AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LAUDERHILL FL

City & State

LAUDERHILL FL

Zip
33351

Country
BROWARD

Zip
33351

Country
BROWARD

4. Date Incorporated or Qualified
To Do Business in Florida

12/28/1993

5. FEI Number

65-0452440

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)

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
D	JONUSAS, ELENA	5110 NW 85 AVE	LAUDERHILL FL
D	PETRAUSKAS, GENE	405 N OCEAN BLVD #805	POMPANO BEACH FL 33062
D	BENDORAITIS, LINDA	2700 N. 34 AVE.	HOLLYWOOD FL
D	ALICE LOPEZ	7913 NORMANDY ST	400002137044-6 04/08/97-01140-003 *****61.25 *****61.25 REINSTATEMENT

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

PETRAUSKAS, GENE
405 N OCEAN BLVD #805
POMPANO BEACH FL 33062

Name

ELENA JONUSAS

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

5110 N.W. 85 AVE

Suite, Apt. #, Etc.

400002137044-6

City

LAUDERHILL

State

FL

Zip

33351

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

Elena Jonusas

REGISTERED AGENT MUST SIGN

Date

3/21/97

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. 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:

Elena Jonusas

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/21/97 (954) 748-8135

Daytime Phone #

CP2E040 (7/95)