

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 MAY 31 AM 8:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P00000014183

1. Corporation Name

LDT OF SOUTH FLORIDA INC.

Principal Place of Business

4699 N FEDERAL HWY STE 105F  
POMPANO BEACH FL 33064

Mailing Address

4699 N FEDERAL HWY STE 105F  
POMPANO BEACH FL 33064

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.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

02/04/2000

5. FEI Number

651065942

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
Pres.	Edward J. Connolly	2123 NE 44th St.	LHP. FL 33064

400005766254--2  
-06/13/02--01080--015  
\*\*\*\*908.75 \*\*\*\*908.75

8. Name and Address of Current Registered Agent

JOHNSON, GILA  
5881 NE-18 AVE #1  
FT LAUDERDALE FL 33334

9. Name and Address of New Registered Agent

Name

Jim Rohr

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

4699 N. Federal Hwy

Suite, Apt. #, Etc.

STE 105F

City

Pompano Beach

State

FL

Zip Code

33064

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

*Jim Rohr*

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

4/10/02

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:

*Edward J. Connolly*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/02

Date

954-781-7818

Daytime Phone #

CR2E040 (8/01)