

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 MAR 18 AM 8:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000014183

1. Corporation Name
L.D.T. of South Florida INC

REINSTATEMENT 07-07

2. Principal Office Address
4699 N. Federal Hwy
Suite, Apt. #, etc.
City & State
Pompano Beach Fl.
Zip Country
33064 Broward

3. Mailing Office Address
4699 N. Federal Hwy
Suite, Apt. #, etc.
City & State
Pompano Beach Fl.
Zip Country
33064 Broward

800030734778
03/18/04--01055--030 **908.75

4. Date Incorporated or Qualified
To Do Business in Florida Feb 4 2000

5. FEI Number
651065942
Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ \$6.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Edward Connelly III
Street Address (P.O. Box Number is Not Acceptable)
2001 NE 38 Street
Suite, Apt. #, Etc.
2
City
Lighthouse Point
State
FL
Zip Code
33064

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 Edward Connelly III
REGISTERED AGENT MUST SIGN

Date

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
PRES.	Edward J. Connelly	2001 NE 38 ST	LHP, FL 33064
V.P.	Edward S. Connelly III	2001 NE 38 ST	LHP FL 33064
SEC	David Tezanos	13424 13 th place north	Lokahatchee FL 33470

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: Edward J. Connelly
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/04 954-781-7818
Date Daytime Phone #

CPD5061 (01/04)