

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P00000018786**

1. Corporation Name

LONE WOLF CHARTER, INC.

Principal Place of Business

**1000 QUAYSIDE TERRACE #1503
MIAMI FL 33138**

Mailing Address

**1000 QUAYSIDE TERRACE #1503
MIAMI FL 33138**

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

02/18/2000

5. FEI Number

65-1004623

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
D	FREDEL, FRED	4000 TOWERSIDE TERRACE #1601	MIAMI FL 33138
D	FREDEL, SCOTT P	1000 QUAYSIDE TERRACE #1503	MIAMI FL 33138

600023751646
10/13/03--01070--017 **150.00

8. Name and Address of Current Registered Agent

**FREDEL, SCOTT P
1000 QUAYSIDE TERRACE #1503
MIAMI FL 33138**

9. Name and Address of New Registered Agent

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

Scott Fredel

REGISTERED AGENT MUST SIGN

Date **10-10-03**

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:

Scott Fredel

SCOTT FREDEL 10-10-03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

305-778-7495

CR20040 (7/03)

October 21st 2003

Florida Department of State

Subject: LONE WOLF CHARTER, INC.

Ref. Number: P00000018786

This letter is as per the request of your office. I never received in the mail the Uniform Business Report form for the above corporation.

Thank you,



Scott Fredel

305.778.7495
