| PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. | | | | | |
|--|--|--|---|--|--|
| APPLICATION PREINSTATEMENT | FLORIDA DEPARTME Jim Smit Secretary of | h State | FILED | | |
| 1. Corporation Name | 000078548 | | 02 OCT 25 PM 5: SECRETARY OF STALLAHASSEE, FLO | | |
| LODACHEL, INC. Principal Place of Business 9327 NELSON PARK CIRCLE 302 ORLANDO FL 32817 | Mailing Address 9327 NELSON PARK CIRCLE 302 ORLANDO FL 32817 | | | | |
| If above addresses are incorrect in any way, if 2. New Principal Office Address, If Applicable | ne through incorrect information and ente 3. New Mailing Office Address, Suite, Apt. #, etc. | | POR - 02 90687 porated or Qualified iness in Florida 08/14 | 0 45 \$ (50 1 4/2000 | |
| Suite, Apt. #, etc. 9453 EMILY LOOP City & State ORLANDO FL Zip 32817 Country SA | 302 9453 EMILY L City & State ORLANDO | 5. FEI Number | 59-3666000 \$8.75 | Applied For Not Applicable Additional Fee required Certificate of Status | |
| 7. Names and Street Addresses of Each Office Name of Office and/or Director | rs S | orations must list at least 3 directors) Street Address of Each Officer and/or Director | City / State | / Zip | |
| D NKANSAH, NYED | 9327 NELSON 9453 EM | | ORLANDO FL 32817 | | |
| D NYEDUALA, JOSEPH | | PARK CIRCLE 302 11LY LOOP #-302 | ORLANDO FL 32817 | | |
| | | | | | |
| | | | | | |
| | | | Molals | | |
| 8. Name and Address of Current Registered Agent | | | 9. Name and Address of New Registered Agent | | |
| NKANSAH, NYED 9327 NELSON PARK CIRCLE 302 ORLANDO FL 32817 | | Name NKANSAH, NYED Street Address (P.O. Box Number is Not Acceptable) 9453 EMILY LOOP Suite, Apt. #, Etc. 302 | | | |
| | | ÖRLANDO | State Z | 32817 | |

ORLANDO 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

REGISTERED AGENT MUST SIGN

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 filling 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 shaff have the same legal effect as if made under oath.

SIGNATURE:

LODACHEL, INC

9453 EMILY LOOP 302 ORLANDO, FL 32817 (407)247-8893

Dear Officer

Some errors. the 2002 uniform business report was rejected due to The above named Corporation just found out

mail, since moved from the last address. The corporation UBR notices were not received The appropriate fees is already paid.

Thank you for working to reinstate the

Corporation.

Nyed NKansal