

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

ATX1

**CORPORATION
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 DEC -3 AM 9:31

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT #

1. Corporation Name

P-000000102149

Lokyle, Inc.

2. Principal Office Address

7301A W PALMETTO PK ROAD

Suite, Apt. #, etc.

STE 301B

City & State

BOCA RATON, FL

Zip

Country

33433

USA

3. Mailing Office Address

Suite, Apt. #, etc.

3.

Zip

Country

REINSTATEMENT

01-03

4. Date Incorporated or Qualified
To Do Business in Florida

10/31/2000

5. FEI Number

65-1046491

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED

☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

ELIZABETH D CONNOR

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

3041 NE 45 STREET

Suite, Apt. #, Etc.

City

FORT LAUDERDALE

State

FL

Zip Code

33308

600025170476
12/03/03--01005--003 **458.75

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

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
DPS	CONNOR, THOMAS A	3041 NE 45 STREET	FT. LAUDERDALE, FL 33308
DVT	CONNOR, ELIZABETH A	3041 NE 45 STREET	FT. LAUDERDALE, FL 33308

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:

Thomas A Connor

THOMAS A CONNOR, PRES

Date

11/28/03

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR