

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000091499

1. Corporation Name

LOCKWOOD FRIENDS INC

2. Principal Office Address

7574 TORI WAY

Suite, Apt. #, etc.

3. Mailing Office Address

7574 TORI WAY

Suite, Apt. #, etc.

City & State

BRADENTON, FL

Zip

34202

Country

USA

City & State

BRADENTON, FL

Zip

34202

Country

USA

REINSTATEMENT

02 DEC 23 PM 4:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**4. Date Incorporated or Qualified
To Do Business in Florida**

9/14/01

5. FEI Number

65-1137276

☒ 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

STEPHEN VOIGT SR.

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

2042 BEE RIDGE ROAD

Suite, Apt. #, Etc.

City

SARASOTA

100009785011

01/02/03--01038--013 **U. 15

100009785011

01/02/03--01038--014 **U. 50

State

FL

Zip Code

34239

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

12-18-02

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	JOSEPH SANDOR	7574 TORI WAY BRADENTON, FL 34202	BRADENTON, FL 34202
VP	JOSEPH CAMERA	7607 HARRINGTON LANE BRADENTON, FL 34202	BRADENTON, FL 34202
SEC.	CARMINE D'ARIANO	684 PINE LAKE DR WASHINGTON TWP., NJ 07675	WASHINGTON TWP, NJ 07675
TREAS.	EMMY KECHRIOTIS	455 LONGBOAT CLUB DR #501	LONGBOAT KEY, FL 34228

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOSEPH SANDOR PRES

Date

12/17/02

Daytime Phone #

941-780-0550

CR2ED01 (9/01)