

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED  
FILED

04 DEC 22 PM 1:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P01000109379**

**1. Corporation Name**

LORING INDUSTRIES, INC

**2. Principal Office Address**

960 S SHORE DRIVE

Suite, Apt. #, etc.

**City & State**

MIAMI BEACH, FLORIDA

**Zip**

33141

**Country**

USA

**3. Mailing Office Address**

960 S SHORE DRIVE

Suite, Apt. #, etc.

**City & State**

MIAMI BEACH, FLORIDA

**Zip**

33141

**Country**

USA

REINSTATEMENT 02-04

**4. Date Incorporated or Qualified**

To Do Business In Florida **NOVEMBER 6, 2001**

**5. FEI Number**

65 - 1154559

**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**

KEITH S LORING

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

960 S SHORE DRIVE

Suite, Apt. #, Etc.

**City**

MIAMI BEACH

**State**

FL

**Zip Code**

33141

**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**

Dec 20, 04

**9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)**

<b>Titles</b>	<b>Name of Officers and/or Directors</b>	<b>Street Address of Each Officer and/or Director</b>	<b>City / State / Zip</b>
D	RONDA L LORING	960 S SHORE DRIVE	MIAMI BEACH, FLORIDA 33141
P	KEITH S LORING	960 S SHORE DRIVE	MIAMI BEACH, FLORIDA 33141

200043587172  
12/22/04--01061--002 \*\*450.00

**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

Dec 20, 04

**Date**

**Daytime Phone #**

305-710-2357

CR2E081 (01/04)

83272

# **M. TACHIBANA, C.P.A., P.A.**

MEMBER - AMERICAN INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS / FLORIDA INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS

December 21, 2004

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**RE: Loring Industries, Inc.  
Document # P01000109379**

Dear Sir/Madam

My client, Loring Industries, Inc., did not receive the renewal notice from the State since their incorporation date. Also they were not aware of the Annual Report filing requirements until we informed them today.

We now enclose the Corporation Reinstatement form for Loring Industries, Inc. Please also find a check in the amount of \$450 being the annual report fee for the years 2002, 2003 and 2004.

We regret the inconvenience caused and would greatly appreciate if you would kindly reinstate Loring Industries, Inc. as soon as possible.

Thank you for your kind understanding and cooperation in this matter.

Very Truly Yours,



M. Tachibana, C.P.A

enc.