

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

03 OCT 13 PM 12:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000019437

1. Corporation Name

LO PRICED CONTRACTING, INC.

Principal Place of Business

Mailing Address

~~205 LAKE SEBRING DRIVE~~
~~SEBRING FL 33870~~

~~205 LAKE SEBRING DRIVE~~
~~SEBRING FL 33870~~

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

2323 PINWOOD BLVD
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

2323 PINWOOD BLVD
Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

02/18/2002

5. FEI Number

Applied For

Not Applicable

City & State

City & State

SEBRING FL

SEBRING FL

Zip

Country

Zip

Country

33870

33870

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	JONES, ARTHUR L	205 LAKE SEBRING DRIVE	SEBRING FL 33870

600023767176
10/13/03--01101--003 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

JONES, ARTHUR L
205 LAKE SEBRING DRIVE
SEBRING FL 33870

Name

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

2323 PINWOOD BLVD
Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

Date 10-9-03

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ARTHUR L JONES

10-9-03

Date

863-402-0800

Daytime Phone #

CR2E040 (7/03)

TO WHOM IT MAY CONCERN,

The annual report was not received for the year 2003. I believe the address change was the problem. I have given the correct address on the reinstatement application

Thank you



Arthur L. Jones

863-402-0800