

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 22 PM 12:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000048597**

1. Corporation Name

**LOKC DESIGN, INC.**

Principal Place of Business

22346 SW 103 COURT  
MIAMI FL 33190

Mailing Address

22346 SW 103 COURT  
MIAMI FL 33190

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

2. New Principal Office Address, If Applicable

**22346 SW 103 CT**

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

**P.O. BOX 700432**

Suite, Apt. #, etc.

City & State

**MIAMI, FL 33190**

City & State

**MIAMI, FL**

Zip

**33190**

Country

**USA**

Zip

**33170**

Country

**USA**



**REINSTATEMENT 03**

4. Date Incorporated or Qualified To Do Business in Florida

**05/02/2002**

5. FEI Number

**01-0673324**

Applied For

Not Applicable

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
P	HENRY, EUNICE	22346 SW 103 COURT	MIAMI FL 33190

500024014825  
10/22/03--01055--018 \*\*150.00

8. Name and Address of Current Registered Agent

HENRY, EUNICE  
22346 SW 103 COURT  
MIAMI FL 33190

9. Name and Address of New Registered Agent

Name \_\_\_\_\_  
Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
Suite, Apt. #, Etc. \_\_\_\_\_  
City \_\_\_\_\_ State **FL** Zip Code \_\_\_\_\_

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

**SIGNATURE**

Date

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 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

Date

Daytime Phone #

10/13/03

# LOKC Design, Inc.

---

October 13, 2003

**FLORIDA DEPARTMENT OF STATE**

Glenda E. Hood

Secretary of State

**DIVISION OF CORPORATIONS**

P.O. BOX 6327

Tallahassee, FL 32314

The purpose of this letter is to request that the reinstatement fee for this corporation be waived as this corporation did not receive the two prior uniform business report (UBR) notices. Please find enclosed a completed application for reinstatement and the appropriate UBR filing fee of \$150.00.

Thank you for your consideration. We look forward to favorable outcome.

Sincerely,



Eunice Henry

Owner of Corporation