

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P02000051391

1. Corporation Name

LOLY'S OUTLET, INC.

Principal Place of Business

1843 SW PARK LN
FT LAUDERDALE FL 33315

Mailing Address

1843 SW PARK LN
FT LAUDERDALE FL 33315

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



REINSTATEMENT

03/07/03 90142.045 \$150.00

4. Date Incorporated or Qualified
To Do Business in Florida

05/09/2002

5. FEI Number

47-0865394

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
D	REYES, DOLORES	1843 SW PARK LN	FT LAUDERDALE FL 33315

8. Name and Address of Current Registered Agent

LOPEZ, MARIA T
2700 SW 37 AVE #2
MIAMI FL 33133

9. Name and Address of New Registered Agent

Name

DOLORES REYES

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

1835 SOUTH STATE RD #7

Suite, Apt. #, Etc.

City

FT. LAUDERDALE

State

FL

Zip Code

33317

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

Dolores Reyes

REGISTERED AGENT MUST SIGN

Date

11-19-03

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:

Dolores Reyes

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11-19-03

Daytime Phone #

FILED

03 NOV 25 PM 4:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2040 (7/03)

LOLY'S OUTLET, INC
1843 SW PARK LANE
FORT LAUDERDALE, FL 33315

November 19, 2003

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

RE: 47-0865394

To Whom It May Concern:

This letter is in reference to the administrative dissolution of corporation Loly's Outlet. The Uniform Business Report form was sent in the month of March. A payment of \$150.00 was made and cashed on March 7th, 2003. I am sending a copy of the check back and front to show proof of payment. It is believed that the FIN Number may not have been on the application.

I would appreciate it if Loly's Outlet, Inc. can be reinstated due to the fact that the payment of \$150.00 was made on time. Your consideration in this matter will be greatly appreciated.

I am enclosing a copy of the cashed check and the application for reinstatement with the FEI number on the form.

Thank You,



Dolores Reyes.