

182

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 MAR 19 PM 2:01

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P02000070353**

1. Corporation Name

LOMAX, INC.

2. Principal Office Address

7413 STATE ROAD 33

Suite, Apt. #, etc.

City & State

CLERMONT FLORIDA

Zip

34711-9108

Country

USA

3. Mailing Office Address

7413 STATE ROAD 33

Suite, Apt. #, etc.

City & State

CLERMONT FLORIDA

Zip

34711-9108

Country

USA

700032249987
04/09/04--01011--027 **317.50

4. Date Incorporated or Qualified
To Do Business in Florida

JUNE 1 2002

5. FEI Number

74-3051946

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

WILLIS P. LOMAX

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

7413 STATE ROAD 33

Suite, Apt. #, Etc.

City

CLERMONT

State

FL

Zip Code

34711-9108

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 **MARCH 18 2004**

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
P	WILLIS P. LOMAX	7413 STATE ROAD 33	CLERMONT FL 34711-9108
V	CARLOS LOMAX	7413 STATE ROAD 33	CLERMONT FL 34711-9108
V	JOHN A. KLING	2246 FARMINGDALE ROAD	CLERMONT FL 34711-9108
		REINSTATEMENT 03/04	

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:

WILLIS P. LOMAX

MARCH 18 2004

8-3522419347

0-9079707196

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/04)

2082

March 18, 2004

RE: LOMAX, INC.

Willis P. Lomax, President

7413 State Road 33

Clermont, Florida 34711-9108

Corporation Document Number: P02000070353

Federal Employer Identification Number: 74-3051946

This notice is to state that I did not receive the 1st or 2nd notice of corporation renewal for LOMAX, INC.

(03+04)

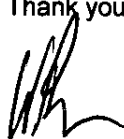
I am requesting that my corporation be re-instated.

Enclosed is payment for 2003 and 2004, plus 2 certificates of good standing.

I will be available at one of the two telephone numbers listed below.

Please contact me when this notice has been received.

Thank you for your help.



Willis Lomax

352 241 9347 home

407 970 7496 cell