

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 DEC 26 AM 11:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000079282

1. Corporation Name

Lone Star of Fort Myers, Corp.

2. Principal Office Address

PO Box 50608

Suite, Apt. #, etc.

City & State

Fort Myers, FL

Zip

33994

Country

USA

3. Mailing Office Address

PO Box 50608

Suite, Apt. #, etc.

City & State

Fort Myers, FL

Zip

33994

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

7-22-02

5. FEI Number

32-0023633

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

Luis Ramirez

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

5195 Richmond Avenue

Suite, Apt. #, Etc.

City

Ft. Myers

State

FL

Zip Code

33905

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

[Signature]
REGISTERED AGENT MUST SIGN

Date 12-22-03

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	Luis Ramirez	5195 Richmond Avenue	Ft. Myers, FL 33905

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

239-633-9985

Daytime Phone #

CR2E081 (10/02)

Lone Star of Fort Myers, Corp.
P.O. Box 50608
Fort Myers, FL 33994
239-633-9985

December 16, 2003

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

RE: Lone Star of Ft. Myers, Corp.

To Whom It May Concern:

Enclosed please find the Corporation Reinstatement Form. Please note that my address has changed and I never received the Uniform Business Report for 2003. While visiting my bank, I was informed my corporation was dissolved. Please accept this check for the regular fee. My business cannot afford any penalties due to the slow income. Thank you for your time and service.

Please contact me if you have any questions.

Sincerely,

 12-22-03

Luis Ramirez
President