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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
03 NOV 12 AM 8:00

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # D02000104785

1. Corporation Name

Lozano Enterprise Services Inc

000024917850  
11/21/03--01015--019 \*\*150.00

2. Principal Office Address

2003 Lake Howell Ln

Suite, Apt. #, etc.

City & State

Maitland

Zip

32757

Country

US

3. Mailing Office Address

2003 Lake Howell Ln

Suite, Apt. #, etc.

City & State

Maitland FL

Zip

32757

Country

US

**REINSTATEMENT**

03

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

☒ 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

Nisi Law Firm, Frank P. Nisi Jr.

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

2003 Lake Howell Lane

Suite, Apt. #, Etc.

City

Maitland

State

FL

Zip Code

32757

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 11/7/03

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
<u>D</u>	<u>Raul Lozano</u>	<u>2241 Grand Poplar St</u>	<u>Orlando FL 32761</u>

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/6/03

Date

407-257-9574

Daytime Phone #

CR2E081 (10/02)