

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 MAR 16 PM 2:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000107725

1. Corporation Name

Lokisol Inc.

2. Principal Office Address - No P.O. Box #

6111 N.W. 54th Lane

Suite, Apt. #, etc.

City & State

Tamarac, Fl.

Zip

33319

Country

US

3. Mailing Office Address

6111 N.W. 54th Lane

Suite, Apt. #, etc.

City & State

Tamarac, Fl.

Zip

33319

Country

US

200145937582

03/16/09--01051--011 **450.00

REINSTATEMENT 02-09

4. Date Incorporated or Qualified
To Do Business in Florida

10/07/2002

5. FEI Number
43-1977331

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

Mark Lewis

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

6111 N.W. 54th Lane

Suite, Apt. #, Etc.

City

Tamarac

State

FL

Zip Code

33319

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Date

3/9/09

REGISTERED AGENT MUST SIGN

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
President	Mark Lewis	6111 NW 54th Lane	Tamarac, fl. 33319

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 contained in Chapter 119, 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

3/9/09 954-319-8510

Date

Daytime Phone #