

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
09 DEC -2 AM 8:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000121039

1. Corporation Name

LOW BID INC

600163256506
12/02/09--01033--006 **300.00

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

2294 N. RIVERSIDE DRIVE

3. Mailing Office Address

2294 N. RIVERSIDE DRIVE

REINSTATEMENT 08-09
CR2E081 (12/08)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

INDIATLANTIC, FL

City & State

INDIATLANTIC, FL

4. Date Incorporated or Qualified To Do Business in Florida

2002

5. FEI Number

35-2185196

Applied For

Not Applicable

Zip

Country

32903

USA

Zip

Country

32903

USA

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

GEORGE MCNULTY

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

2294 N. RIVERSIDE DRIVE

Suite, Apt. #, Etc.

City

INDIATLANTIC

State

FL

Zip Code

32903

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

George McNulty

Date

11-27-09

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
<u>P</u>	<u>GEORGE MCNULTY</u>	<u>2294 N. RIVERSIDE DRIVE</u>	<u>INDIATLANTIC FL 32903</u>
<u>S</u>	<u>ERNEST D'ANGELO</u>	<u>10105 OCEAN BLVD APT 801</u>	<u>POMPANO BEACH FL 33062</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 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:

George McNulty

11-27-09

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12/30