

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

08 OCT 21 AM 11:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 003-135587

1. Corporation Name

LOMA ENTERPRISES INC

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

8329 San Marcos Ave

Suite, Apt. #, etc.

City & State

Fort Myers, FL

Zip

33919

Country

Lee

3. Mailing Office Address

8329 San Marcos Ave

Suite, Apt. #, etc.

City & State

Fort Myers, FL

Zip

33919

Country

Lee

4. Date Incorporated or Qualified

To Do Business in Florida 11/13/2003

5. FEI Number

20-0433096

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

Harry Looknanan Jr.

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

8329 San Marcos Ave

Suite, Apt. #, Etc.

City

Fort Myers

State

FL

Zip Code

33919

☒ 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

Harry Looknanan Jr.

REGISTERED AGENT MUST SIGN

Date October 6, 2008

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
Pres	Harry Looknanan Jr.	8329 San Marcos Ave	Fort Myers, FL 33919

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:

Harry Looknanan Jr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/6/2008

Date

239-849-3317

Daytime Phone #

07-08
REINSTATEMENT

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10/13/08--01030--011 **300.00
CR2E081 (10/08)