

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 MAY 14 PM 1:04

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P04000161258**

1. Corporation Name

LOERA, INC.

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

126 EAST 7TH ST

Suite, Apt. #, etc.

3. Mailing Office Address

126 EAST 7TH ST

Suite, Apt. #, etc.

City & State

JACKSONVILLE

City & State

JACKSONVILLE, FL

Zip

32206

Country

USA

Zip

32206

Country

USA

REINSTATEMENT 05-07
CR2E081 (1/07)

4. Date Incorporated or Qualified
To Do Business in Florida

11/30/04

5. FEI Number

20-1934892

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

SR6 HOMES & NEIGHBORHOODS LLC

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

126 EAST 7TH STREET

Suite, Apt. #, Etc.

City

JACKSONVILLE, FL

State

FL

Zip Code

32206

☒ 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

Juan Loera

Date

5/9/07

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
P	JUAN LOERA	8385 COUNTRY CREEK JACKSONVILLE, FL 32221	
			500103608115 05/31/07--01020--023 **450.00
	025/22		

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:

Juan Loera

JUAN LOERA

716 711 3110

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #