

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 15, 2008 8:00 A.M.
Secretary of State

DOCUMENT # P05000011876

1. Corporation Name

LO-VIC Inc

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

4812 South US Hwy 1

Suite, Apt. #, etc.

3. Mailing Office Address

4812 South US. Hwy 1

Suite, Apt. #, etc.

City & State

Fort Pierce-Florida 34982

Zip

Country

34982

City & State

Fort Pierce Florida 34982

Zip

Country

REINSTATEMENT 06-08^{KS}
CR2E081 (12/07)

**4. Date Incorporated or Qualified
To Do Business in Florida**

1-24-2005

5. FEI Number

27-0114052

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

Victoria R. Gifford

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

401 NW Archer Ave

Suite, Apt. #, Etc.

City

Port St. Lucie

State

FL

Zip Code

34983

☒ 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

Victoria R. Gifford

REGISTERED AGENT MUST SIGN

Date 2/7/08

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	Victoria R. Gifford	401 NW Archer Ave	Port St. Lucie Florida 34983

600118135776
02/15/08--01025--003 **450.00

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:

Victoria R. Gifford

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Victoria R. Gifford

Date

2/7/08

Daytime Phone #

772-

460-6191