

# 2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000031330

FILED  
Sep 15, 2009  
Secretary of State

Entity Name: LOCHAUVER INC.

**Current Principal Place of Business:**

4524 SOUTHAMPTON COURT  
TAMPA, FL 33618

**New Principal Place of Business:**

3744 2ND AVE N  
ST. PETERSBURG, FL 33713

**Current Mailing Address:**

4524 SOUTHAMPTON COURT  
TAMPA, FL 33618

**New Mailing Address:**

3744 2ND AVE N  
ST. PETERSBURG, FL 33713

FEI Number: 20-2425682

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WALTERS, LOUANNE  
4524 SOUTHAMPTON COURT  
TAMPA, FL 33618 US

**Name and Address of New Registered Agent:**

WALTERS, LOUANNE  
3744 2ND AVE N  
ST. PETERSBURG, FL 33713 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: LOUANNE WALTERS

09/15/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P,VP ( ) Delete  
Name: WALTERS, LOUANNE  
Address: 4524 SOUTHAMPTON COURT  
City-St-Zip: TAMPA, FL 33618

Title: S, T ( ) Delete  
Name: WALTERS, CAROL  
Address: 4524 SOUTHAMPTON COURT  
City-St-Zip: TAMPA, FL 33618

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P,VP (X) Change ( ) Addition  
Name: WALTERS, LOUANNE  
Address: 3744 2ND AVE N  
City-St-Zip: ST. PETERSBURG, FL 33713

Title: S, T (X) Change ( ) Addition  
Name: WALTERS, CAROL  
Address: 6766 48TH ST. N  
City-St-Zip: PINELLAS PARK, FL 33781

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LOUANNE WALTERS

P.VP

09/15/2009

Electronic Signature of Signing Officer or Director

Date