

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 31 PM 3:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P 10726

1. Corporation Name
The Lurie Companies, Inc.

2. Principal Office Address
12000 West Wirth Street

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Milwaukee, WI

City & State

Zip 53222 **Country** USA

Zip **Country**

100024336121
10/31/03--01075--010 **2583.75

REINSTATEMENT 89-03

**4. Date Incorporated or Qualified
To Do Business in Florida** 07/09/1986

5. FEI Number
39-0440820

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$875 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Joseph Lurie

Street Address (P.O. Box Number is Not Acceptable)
624 West Lakewood Circle

Suite, Apt. #, Etc.

City
Delray Beach

State FL **Zip Code** 33445

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**

Joseph Lurie

REGISTERED AGENT MUST SIGN

Date 10-22-03

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/D	Marc S. Lurie	12000 West Wirth Street	Milwaukee, WI 53222
C/D	Joseph Lurie	624 West Lakewood Circle	Delray Beach, FL 33445
T/S/D	James N. Lurie	12000 West Wirth Street	Milwaukee, WI 53222

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 under section 119.07(3)(i), 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:

Joseph Lurie

Joseph Lurie, Chairman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-22-03

Date

561/498-4346

Daytime Phone #

CR2E081 (10/02)