

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

FILED

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SECRETARY OF STATE TALLAHASSEE, FLORIDA.

DOCUMENT # P17793

1. Corporation Name

LOCKWOOD & HOLMES, INC.

Principal Place of Business

7660 PHILLIPS HIGHWAY SUITE 14 JACKSONVILLE FL 32256

Mailing Address

7660 PHILLIPS HIGHWAY SUITE 14 JACKSONVILLE FL 32256

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



REINSTATEMENT-2000

4. Date Incorporated or Qualified To Do Business in Florida

01/27/1988

5. FEI Number

58-1147879

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Table with 4 columns: Title(s), Name of Officers and/or Directors, Street Address of Each Officer and/or Director, City / State / Zip. Rows include Sandra N Lockwood, Karen A Rogers, John A. Laveardi, Ali Bayrami, Fred Keivanfar, and Iasu Gorfu.

8. Name and Address of Current Registered Agent

John A. Laveardi, 7660 Phillips Highway, Suite 14, Jacksonville FL 32256

9. Name and Address of New Registered Agent

Delaine Farrell, 10000 3482361--6, State FL, Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

SIGNATURE REQUIRED

Date NOV 10, 2000

REGISTERED AGENT MUST SIGN

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/9/00

Date

949-794-9999

Daytime Phone #