

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P28559**

1. Corporation Name

DICK LOEHR'S, INC.

Principal Place of Business

37 PORTSIDE DRIVE
FORT LAUDERDALE FL 33316

Mailing Address

37 PORTSIDE DRIVE
FORT LAUDERDALE FL 33316

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

2. New Principal Office Address, If Applicable

4350 Oaks Road

Suite, Apt. #, etc.

Suite 312

City & State

Davie Florida

Zip

33314

Country

Broward

3. New Mailing Office Address, If Applicable

4350 Oaks Road

Suite, Apt. #, etc.

Suite 312

City & State

Davie Florida

Zip

33314

Country

Broward

4. Date Incorporated or Qualified
To Do Business in Florida

03/20/1990

5. FEI Number

38-1957232

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PST	LOEHR, RICHARD L., JR.	37 PORTSIDE DRIVE	FT LAUDERDALE FL
D	LOEHR, RICHARD L., JR.	37 PORTSIDE DRIVE	FT LAUDERDALE FL
VD	LOEHR, MARY LOU	37 PORTSIDE DRIVE	FT LAUDERDALE FL

600023986876
10/21/03--01141--017 **150.00

8. Name and Address of Current Registered Agent

BRADY, JAMES C.
1318 S.E. SECOND AVENUE
FORT LAUDERDALE FL 33316

9. Name and Address of New Registered Agent

Name

Jerry Rosen

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

7880 N. University Drive

Suite, Apt. #, Etc.

Suite 201

City

Tamarac

State

FL

Zip Code

33321

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. or 617.0505, F.S.

Signature of
Registered Agent

Jerry Rosen

REGISTERED AGENT MUST SIGN

Date

10/20/03

11. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/20/03

954-584-2151

cd 223

CR2040 (7/03)

OCTOBER 20, 2003

**FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS**

ATTENTION: REINSTATEMENT DEPARTMENT

**THIS LETTER IS IN REGARD TO THE REINSTATEMENT
OF THE CORPORATION UNDER THE NAME OF
DICK LOEHRS INC. AT THIS TIME, THIS IS THE
FIRST TIME THIS YEAR THAT I HAVE RECEIVED ANY
NOTICE ON THIS CORPORATION FOR RENEWAL
AND OR DISSOLUTION. I AM REQUESTING AT THIS
TIME THAT THE CORPORATION BE REINSTATED
FOR THE YEAR 2003 FOR THE ANNUAL FEE OF
\$150.00 A CHECK IS ENCLOSED WITH THE LETTER
AND THE APPLICATION FOR REINSTATEMENT.
YOUR HELP IN GETTING THIS CORPORATION
REINSTATED AS SOON AS POSSIBLE WILL BE
GREATLY APPRECIATED.**

**IF YOU NEED TO CONTACT ME, I CAN BE REACHED
AT 954-584-2151 EXT.223 CAROL.**

SINCERELY YOURS,

A handwritten signature in black ink, appearing to be 'DL' or 'Dick Loehrs', written in a cursive style.

DICK LOEHRS INC.