

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED AND FILED  
98 DEC -8 PM 3:22  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000021368**

1. Corporation Name

**LORRAINE'S NEON MOON, INC.**

Principal Place of Business

6656 US HIGHWAY 301 SOUTH  
RIVERVIEW FL 33569

Mailing Address

POST OFFICE BOX 2116  
RIVERVIEW FL 33569

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

**REINSTATEMENT** *JB*

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03/16/1994	
City & State		City & State		5. FEI Number	
Zip		Country		59-3234944	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
DP	FITZPATRICK, LORRAINE L	6656 US HIGHWAY 301 SOUTH	RIVERVIEW FL
DS	FITZPATRICK, JACKSON H	6656 US HIGHWAY 301 SOUTH	RIVERVIEW FL

100002713621--5  
-12/15/98--01097--003  
\*\*\*\*750.00 \*\*\*\*750.00

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
FITZPATRICK, LORRAINE L 6656 US HIGHWAY 301 SOUTH RIVERVIEW FL 33569		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	
		State	
		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 *Lorraine Fitzpatrick* **SIGNATURE REQUIRED** Date 12-6-98  
REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes  No  *JB* other state information on intangible tax.

12. 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: *Lorraine Fitzpatrick* **SIGNATURE REQUIRED** LORRAINE FITZPATRICK 12-6-98 677-7840  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (9/98)