

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 OCT -9 AM 10:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 8940000 47715

1. Corporation Name

LOCKETT ENTERPRISES, INC.

2. Principal Office Address

17214 S.W. 12th street

3. Mailing Office Address

same 17214 SW 12th street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Pembroke Pines, Florida

City & State

Pembroke Pines, FL

Zip

33029

Country

Broward USA

Zip

33029

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

June 20, 1994

5. FEI Number

65-0512335

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

OTHEL TURNER

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

5787 W. SUNRISE BLVD

Suite, Apt. #, Etc.

City

PLANTATION

State  
FL

Zip Code  
33313

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

Date

REGISTERED AGENT MUST SIGN

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/T	LOCKETT, BENJAMIN	17214 S.W. 12TH STREET	PEMBROKE PINES, FL. 33029
V/D/S	LOCKETT, EVELYN	17214 S.W. 12TH STREET	PEMBROKE PINES, FL. 33029

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:

Ben Lockett President  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/5/03  
Date

954-438-6662  
Daytime Phone #

CR2E081 (10/02)

210/110

October 5,2003

To Whom It May Concern:

LOCKETT ENTERPRISES INC. 650512335 did not receive the 2002 nor 2003 UBR.  
We are submitting a check for \$300 ( hundred dollars ) as instructed..

  
President Lockett Enterprises