

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 JUN 28 PM 2:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P94000067760

**1. Corporation Name**

LUZIER ENTERPRISES, INC.  
405 DELANNOY AVENUE  
COCOA, FL. 32922

**2. Principal Office Address**

401 DELANNOY AVENUE

**3. Mailing Office Address**

401 DELANNOY AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

COCOA, FLORIDA

City & State

COCOA, FLORIDA

Zip

32922

Country

USA

Zip

32922

Country

USA

**4. Date Incorporated or Qualified**

To Do Business in Florida 9/12/1994

**5. FEI Number**

59-3265132

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

LUZIER, RONALD L.

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

1708 FAIRWAY LANE

Suite, Apt. #, Etc.

City

ROCKLEDGE

State

FL

Zip Code

32955

**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

*Ronald L. Luzier*

REGISTERED AGENT MUST SIGN

Date 4/29/04

**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
PTD	LUZIER, RONALD L.	1708 FAIRWAY LANE	ROCKLEDGE, FL. 32955
VSD	LUZIER, DIANE P.	1708 FAIRWAY LANE	ROCKLEDGE, FL. 32955

**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:

*Ronald L. Luzier*

RONALD L. LUZIER

Date

4/29/04

Daytime Phone #

(321) 633-7478

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PREs

CR2E081 (01/04)