

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

96 NOV -7 AM 11:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000048761**

1. Corporation Name

LORHARMAX INCORPORATED

Principal Place of Business

Mailing Address

301 NORTH BELCHER ROAD
CLEARWATER FL 34625

301 NORTH BELCHER ROAD
CLEARWATER FL 34625

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

4. Date Incorporated or Qualified
To Do Business in Florida

08/21/1995

5. FEI Number

59-3322051

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

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

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
P/D	W. James Butler	301 N. Belcher Road	Clearwater, Florida 34625
			500002003885-2
			-11/13/96-01192-015
			****375.00 ****375.00

REINSTATEMENT 1996

J. Alan

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

~~CORPORATION SERVICE COMPANY~~
~~1201 HAYO STREET~~
~~TALLAHASSEE FL 32301-2525~~

Name

W. James Butler

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

301 N. Belcher Road

Suite, Apt. #, Etc.

City

Clearwater

State

FL

Zip Code

34625

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

W. James Butler
SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 11-4-96

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for 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:

W. James Butler
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
W. James Butler

11-4-96

(813) 724-0990

Date

Daytime Phone #