

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
DOCUMENT # P95000048761				96 NOV -7 AM 11:14	
1. Corporation Name LORHARMAX INCORPORATED				SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 301 NORTH BELCHER ROAD CLEARWATER FL 34625		Mailing Address 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		4. Date Incorporated or Qualified To Do Business In Florida 06/21/1995	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 59-3322051	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	
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 (Do NOT Use Post Office Box Numbers) 3		City / State / Zip 4	
P/D	W. James Butler	301 N. Belcher Road		Clearwater, Florida 34625	
REINSTATEMENT <i>1996</i> <i>J. Alce</i>					
8. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 NAYLOR STREET TALLAHASSEE FL 32301-2525			9. Name and Address of New Registered Agent 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 <i>W. James Butler</i>		Date 11-4-96			
		REGISTERED AGENT MUST SIGN			
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>					
(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)(l), 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: <i>W. James Butler</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR W. James Butler					