

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 NOV -6 AM 11:37

DOCUMENT # P95000070589

1. Corporation Name

LUCKY'S SMOKE SHOP AND NOVELTIES, INC.

Principal Place of Business

5715 OLD 301 BLVD.
BRADENTON FL 34203
US

Mailing Address

5715 OLD 301 BLVD.
BRADENTON FL 34203
US

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

09/11/1995

5. FEI Number

65-0651250

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
OP	LADD, MICHAEL T	5310 14TH ST W. APT 1-5 211 57E AVE.	BRADENTON FL 34203 34203
			000003478700--2
			-11/28/00--01087--019
			****750.00 ****750.00

8. Name and Address of Current Registered Agent

LADD, MICHAEL T
5310 14TH ST W
APT 1-5
BRADENTON FL 34203

9. Name and Address of New Registered Agent

Name

LADD, MICHAEL T.

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

211 57E AVE. E.

Suite, Apt. #, Etc.

City

BRADENTON

State

FL

Zip Code

34203

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

Michael T. Ladd
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

11/1/00

11. 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: *Michael T. Ladd*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/1/00

Daytime Phone #

941-737-8811

CR2E040 (8/00)