

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT #P95000075144

1. Entity Name
LOTUS PROPERTY INVESTMENTS, INC.



FILED

2008 MAR 18 PM 12:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 07208

Principal Place of Business

2043 DIAMOND CT
OLDSMAR, FL 34677 US

Mailing Address

2043 DIAMOND CT
OLDSMAR, FL 34677 US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
59-3338302

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

AWAD, TONY S
2043 DIAMOND COURT
OLDSMAR, FL 34677

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME AWAD, ABDEL-MESSEEH S
STREET ADDRESS 1791 SUNWOOD BLVD.
CITY-ST-ZIP LONGWOOD, FL 32779

TITLE ☐ Change ☐ Addition
NAME 600120637356
STREET ADDRESS 03/18/08--01036--018 ***300.00
CITY-ST-ZIP

TITLE V ☐ Delete
NAME AWAD, TONY S
STREET ADDRESS 2043 DIAMOND CT
CITY-ST-ZIP OLDSMAR, FL 34677

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TONY AWAD, VP 3/12/08 727-781-9181

B. Mitchell MAR 18 2008