

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR *96*  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

96 DEC -5 PM 12:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000081302**

1 Corporation Name

**LAKEHEAD USA, INC.**

Principal Place of Business

Mailing Address

% STEVE LENOFF, LENOFF & LENOFF, P.A.  
1761 WEST HILLSBORO BLVD., SUITE 405  
DEERFIELD BEACH FL 33442

% STEVE LENOFF, LENOFF & LENOFF, P.A.  
1761 WEST HILLSBORO BLVD., SUITE 405  
DEERFIELD BEACH FL 33442



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 <b>10/23/1995</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
City & State		City & State		6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
Zip	Country	Zip	Country		

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
<i>D</i>	<i>BERND OLBRICHT</i>	<i>C/O LENOFF &amp; LENOFF 1761 W. HILLSBORO BLVD #405</i>	<i>Deerfield Beach FL 33442</i>
			<b>100002022551--1</b>
			<b>-12/06/96--01087--014</b>
			<b>***383.75 ***383.75</b>
			<b>REINSTATEMENT</b>
			<i>A. Adams</i>
			<i>12-5-96</i>

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525		Name <i>STEVEN LENOFF, ESQ</i> Street Address (P.O. Box Number is Not Acceptable) <i>1761 W. HILLSBORO BLVD</i> Suite/Apt. #, Etc. <i>405</i> City <i>Deerfield Beach</i> State <i>FL</i> Zip Code <i>33442</i>	

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 *[Signature]* **REGISTERED AGENT MUST SIGN** Date *30 Oct 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)(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: *[Signature]* **SIGNATURE REQUIRED** *12-2-96*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
*BERND OLBRICHT*

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_