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
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DOCUMENT # P95000090691

1. Corporation Name
LOUIE'S LABORERS, INC.

Principal Place of Business	Mailing Address
1555 FOREST LAKES Circle West Palm Beach, FLORIDA 33406	15550 FOREST LAKES Circle West Palm Beach, FLORIDA 33406

REINSTATEMENT 97-99

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
2511 PARK STREET	2511 PARK STREET	5/1/96
Suite, Apt. #, etc. Suite D	Suite, Apt. #, etc. Suite D	5. FEI Number 65-0635547 ☐ Applied For ☐ Not Applicable
City & State LAKE WORTH, FLORIDA	City & State LAKE WORTH, FLORIDA	6. CERTIFICATE OF STATUS DESIRED ☐ [redacted]
Zip 33460 Country	Zip 33460 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
PRESIDENT	MARK A. ANNUNZIATA	2511 PARK STREET	33460 LAKE WORTH, FLORIDA

8. Name and Address of Current Registered Agent

LOUIS A. ANNUNZIATA
2511 PARK AVENUE
LAKE WORTH, FLORIDA
33460

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City | State FL | Zip Code

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 LOUIS ANNUNZIATA REGISTERED AGENT MUST SIGN Date 11/9/99

11. This corporation owes the current year Intangible Personal Property Tax due June 30. 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: MARK A. ANNUNZIATA SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 11/9/99 Daytime Phone #