

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV -3 AM 9:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000013317

1. Corporation Name

LCC ENTERPRISES, INC.

Principal Place of Business

515 NE 3RD STREET
BOYNTON BEACH FL 33435

Mailing Address

515 NE 3RD STREET
BOYNTON BEACH FL 33435

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.

PO Box 1021
PALM BEACH FL

Zip
33480

Country
USA

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

PO Box 1021
PALM BEACH FL

Zip
33480

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida

02/12/1996

5. FEI Number

65-0643074

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
P	CRONIN, LEICESTER C	515 NE 3RD STREET P.O. Box 1021	BOYNTON BEACH FL 33435 Palm Beach FL 33480

100024389751
11/03/03 01033 019 **150.00

8. Name and Address of Current Registered Agent

MORGAN, ADAMA J
203-I ROYAL POINCIANA WAY
PALM BEACH FL 33480

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. or 617.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (7/03)



LCC Enterprises, Inc.

P.O. Box 1021
Palm Beach, Florida 33480
NY 800-247-7847/Ext 19
FAX 561-734-0948

Accessory Division of Costikyan Ltd.

October 9, 2003


Florida Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, Florida 32314

To Whom It May Concern:

I am in receipt of the enclosed form. On October 8, 2003 I spoke to an employee of the Division of Corporations and explained that the form and second notice had never been received by LCC Enterprises. For your information the post office had been notified of the change of address.

The employee stated that I should fill out the enclosed and include a check for \$150.00. Enclosed please find form along with payment.

Sincerely yours,


Leicester C. Cronin