

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION FOR REINSTATEMENT

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



FILED

97 NOV 14 AM 8:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000014439

1. Corporation Name

A.M. LOVELY, INC.

97 AR

Principal Place of Business

2448 N. ESSEX AVENUE
HERNANDO FL 34442

Mailing Address

2448 N. ESSEX AVENUE
HERNANDO FL 34442



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

02/07/1996

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

75-2264299

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

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
D	LOVELY, ANITA M	2448 N. ESSEX AVENUE	HERNANDO FL 34442

100002350021--7
-11/18/97--01025--010
****165.00 ****165.00

8. Name and Address of Current Registered Agent

LOVELY, ANITA M
2448 N. ESSEX AVENUE
HERNANDO FL 34442

9. Name and Address of New Registered Agent

Name

Sean F. Murphy

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

2448 N. Essex Ave

Suite, Apt. #, Etc.

City

Hernando

State

FL

Zip Code

34442

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 11/3/97

11. This corporation owes or has paid 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: *Anita M. Lovely*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/11/97 (352) 746-4767
Date Daytime Phone #

CR2E040 (8/97)

CPA

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SEAN F. MURPHY CERTIFIED PUBLIC ACCOUNTANT
12 Washington Street
Franklin, MA 02038
Phone: 508 • 541 • 8500
Fax: 508 • 541 • 2468

November 4, 1997

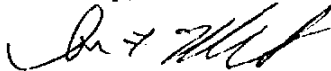
Re: A.M. Lovely, Inc.

Dear Ms. Allen:

Per our phone conversation today I submit Application for Reinstatement and a check in the amount of \$165. My client Mr. Theodore William's has suffered several strokes in the past few years and has had financial advisors take advantage of him in this situation. I have since been relied upon to take control over all his finances as well as his children's finances. Mr. Steve Southard was fired as controller and he stated to us all forms were prepared and filed on a timely basis.

Based upon the above I thank you for accepting this reinstatement and state that this form will be filed promptly in the future.

Sincerely,



Sean F. Murphy, CPA