

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 MAY -5 PM 1:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

P96000040821

1. Corporation Name

Lockette's, Inc.

2. Principal Office Address

1044 N.W. 53rd St.

3. Mailing Office Address

1044 N.W. 53rd St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami Fla.

City & State

Miami Fla.

Zip

33127

Country

USA

Zip

33127

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5/6/96

5. FEI Number

65-0667783

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

CR2E081 (12/05)

7. Name and Address of Current Registered Agent

Name

Estella Lockette

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

1044 N.W. 53rd St.

400075023504

Suite, Apt. #, Etc.

05/22/06--01026--010 **150.00

City

Miami

State
FL

Zip Code

33127-1836

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Estella Lockette

REGISTERED AGENT MUST SIGN

Date

4/22/06

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Owner/ Director 100%	Estella Lockette	1044 N.W. 53rd St. Miami	Miami Fla. 33127

10. 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 contained in Chapter 119, 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:

Estella Lockette

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5/8/06

Daytime Phone #

(305) 754-9153