

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **996000097717**

1. Corporation Name
L.C. DIFFUSION, INC.

FILED

97 DEC 15 AM 8:30

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business
**3860 S.E. Ocean Blvd.
Stuart - Florida 34996**

Mailing Address
**3860 S.E. Ocean Blvd.
Stuart - Florida 34996**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable
**3860 S.E. Ocean Blvd.
Suite, Apt. #, etc.**

3. New Mailing Office Address, If Applicable
**3860 S.E. Ocean Blvd.
Suite, Apt. #, etc.**

4. Date Incorporated or Qualified
To Do Business in Florida **09/18/96**

5. FEI Number **65-069774**
Applied For ☐
Not Applicable ☐

City & State
Stuart, Florida
Zip **34996** Country **USA**

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Stuart, Florida
Zip **34996** Country **USA**

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
P/V, P/ T/D/M/ S/C/	LIONEL PINELLI	9650 South Ocean Drive	Jensen Beach, Florida 34957

**400002375764--0
-12/17/97--01110--014
****758.75 ****758.75**

8. Name and Address of Current Registered Agent

John M. MacDaniel

9. Name and Address of New Registered Agent

Name **John M. MacDaniel**
Street Address (P.O. Box Number is Not Acceptable)
**One Biscayne Tower - Two South Biscayne Blvd.
Suite, Apt. #, Etc.
Suite 2975**
City **Miami** State **FL** Zip Code **33131**

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

REGISTERED AGENT MUST SIGN

Date **11/21/97**

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)(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:

LIONEL PINELLI
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(561)288-7459
Daytime Phone #

CR25040 (12-96)