

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P96000100046**

1. Corporation Name

LOCKWOOD HOLDINGS, INC.

Principal Place of Business

701 N. SHORE DRIVE
ANNA MARIA FL 34216

Mailing Address

9 ELIZABETH ST. S.
BRAMPTON ON L8Y1P
US

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/11/1996

5. FEI Number

59-3429098

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ \$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT

99

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	4. City / State / Zip
DPTS	LOCKWOOD, HARRY	9 ELIZABETH ST. S.	BRAMPTON ON L8Y1P
VP	LOCKWOOD, HARRY	9 ELIZABETH ST. S.	BRAMPTON ON L8Y1P
			200003078252--6 -12/22/99--01076--005 ****758.75 ****758.75

8. Name and Address of Current Registered Agent

MEISSNER, GREGORY C ESQ.
1111 3RD AVE., W., SUITE 150
BRADENTON FL 34205

9. Name and Address of New Registered Agent

Name **GARRETT T. BARNES**
Street Address (P.O. Box Number is Not Acceptable)
3119 MANATEE AVE WEST
Suite, Apt. #, Etc.
City **BRADENTON** State **FL** Zip Code **34205**

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

12/10/99

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

Dec 8/99

Date

905-4515720

Daytime Phone #

KE