

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED

00 JUN 27 AM 10:14

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT #

1. Corporation Name

897000022755  
LOZACK INC.

W00-15285

2. Principal Office Address

2467 SE Dixie Hwy

Suite, Apt. #, etc.

NO

City & State

STUART

Zip

34996

Country

MARTIN Co.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

NO

City & State

FL.

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

MARCH 3 1997

5. FEI Number

65-0601960

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

LORETTA ZACCHEO

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

1821 HANBY AVE

Suite, Apt. #, Etc.

City

Port St Lucie, Fla.

State

FL

Zip Code

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

Loretta Zaccchio

REGISTERED AGENT MUST SIGN

Date 5-30-2000

**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
PRES	LORETTA ZACCHEO	1821 HANBY AVE	Port St Lucie, FL

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 under section 119.07(3)(i), F.S. The information provided on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Loretta Zaccchio

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5-30-00

Daytime Phone #