

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

DOCUMENT # P97000073803

1. Corporation Name  
LUMIDISC, INC.

Principal Place of Business  
13560 WRIGHT CIRCLE  
TAMPA FL 33626  
US

Mailing Address  
5704 BAYWATER DR  
TAMPA FL 33615

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

2. New Principal Office Address, If Applicable  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. New Mailing Office Address, If Applicable  
Suite, Apt. #, etc.  
City & State  
Zip Country

13560 WRIGHT CIRCLE  
TAMPA, FL  
33626 USA

FILED  
99 OCT 19 PM 3:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT 99

4. Date Incorporated or Qualified To Do Business in Florida  
08/26/1997

5. FEI Number  
59-3464146

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	4 City / State / Zip
DP	ANDRAE, DOUGLAS R ANDRAE	5704 BAYWATER DRIVE	TAMPA FL 33615
VP	ANDRAE, DAVID G	11077 GRATIOT AVENUE 9220 MEMORIAL HWY	DETROIT MI 48213 TAMPA, FL 33615
S	ANDRAE, LEONORE D A	5704 BAYWATER DRIVE	TAMPA FL 33615
T	ANDRAE, DOUGLAS R	5704 BAYWATER DRIVE	TAMPA FL 33615
VP	TOM W. CZARTORYSKI	17845-D SAILFISH DR	LUTZ, FL 33549

8. Name and Address of Current Registered Agent  
ANDRAE, DOUGLAS R  
5704 BAYWATER DRIVE  
TAMPA FL 33615

9. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
Suite, Apt. #, Etc.  
City

700003026197-1  
-10/27/99-01054-014  
\*\*\*750.00

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  
Date 10-13-99

REGISTERED AGENT MUST SIGN

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: DOUGLAS R. ANDRAE  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date 10/13/99  
Daytime Phone # 813-854-4546