

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 # P97000106510

1. Corporation Name

LORIE INVESTMENTS, INC.

Principal Place of Business

10735 S.W. 58th Ave.  
Pinecrest, FL 33156

Mailing Address

10735 S.W. 58th Ave.  
Pinecrest, FL 33156

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

December 18, 1997

5. FEI Number

65-0823666

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required for a Certificate of Status

REINSTATEMENT

SP

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

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
PD	LORIE, LUIS F.	10735 S.W. 58th Avenue	Pinecrest, FL 33156
SD	LORIE, LOURDES R.	10735 S.W. 58th Avenue	Pinecrest, FL 33156

200002982762--1  
-09/09/99--01069--009  
\*\*\*\*\*900.00 \*\*\*\*\*900.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ATRIUM REGISTERED AGENTS, INC.  
1500 SAN REMO AVENUE, SUITE 125  
CORAL GABLES FL 33146

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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

ATRIUM REGISTERED AGENTS, INC.  
By: Robert A. Stamer, V.P.

REGISTERED AGENT MUST SIGN

Date

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (12/96)