

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 DEC 31 AM 8:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000046594

1. Corporation Name

L. Q. ORLANDO, INC.

2. Principal Office Address

8950 RED ROAD

Suite, Apt. #, etc.

City & State

PINECREST, FL

Zip

33156

Country

USA

3. Mailing Office Address

8950 RED ROAD

Suite, Apt. #, etc.

City & State

PINECREST, FL

Zip

33156

Country

USA

REINSTATEMENT 02-07

**4. Date Incorporated or Qualified
To Do Business in Florida**

5/26/98

5. FEI Number

65-0840107

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

JEFFREY C. MANCHESTER

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

8950 RED ROAD

Suite, Apt. #, Etc.

City

PINECREST

State

FL

Zip Code

33156

700025900277

12/31/03--01058--016 **900.00

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 12/23/03

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
P/D	JEFFREY C. MANCHESTER	8950 RED ROAD	PINECREST, FL 33156

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)(l), 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] JEFFREY C. MANCHESTER

Date

12/23/03

Daytime Phone #

(305) 666-9685

CR2E081 (10/02)