

02/03

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 FEB 13 PM 12:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA300012458583
02/13/03--01032--003 **300.00CORPORATION
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000053447

1. Corporation Name

LORAIN CORPORATION

2. Principal Office Address

180 95th Avenue

3. Mailing Office Address

P.O. Box 9500

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Treasure Island, FL

City & State

Treasure Island, FL

Zip

33706

Country

USA

Zip

33740

Country

USA

4. Date Incorporated or Qualified

To Do Business in Florida

June-12, 1998

5. FEI Number

59-3517627

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐39.75 Add. Fee for request
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

W. Michael Daughtry

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

180 95th Avenue

Suite, Apt. #, Etc.

City

Treasure Island,

State
FLZip Code
33706

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

REGISTERED AGENT MUST SIGN

Date February 11, 2003

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
PSD	W. Michael Daughtry	180 95th Avenue	Treasure Island, FL 33706
VPTD	Mary Catherine Daughtry	180 95th Avenue	Treasure Island, FL 33706

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 indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: W. Michael Daughtry, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-11-03 (727) 804-0100

Date

Daytime Phone #

CFR2001 (10/92)

2/17

LORAIN CORPORATION
P.O. BOX 9500
TREASURE ISLAND, FLORIDA 33740

February 11, 2003

RE: LORAIN CORPORATION
DOCUMENT # P98000053447

To whom it may concern:

Regarding the above captioned corporation, the filing fee was not paid for 2002. The address on file in your office is not the current address for the corporation resulting in us not receiving notification for filing.

Our records indicate that notice was sent regarding the change of address but for whatever reason, the change was not registered.

We respectfully request that any late fees be waived and that you accept the enclosed check in the amount of \$300.00 for reinstatement.

Thank you so much for your time, attention, and consideration

Very Truly Yours,



W. Michael Daughtry, President
LORAIN CORPORATION