

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

99 NOV -1 PM 12: 32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P98000095801

1 Corporation Name

LANCE LALOMIA, INC.

Principal Place of Business

Mailing Address

11 RAMSGATE PLACE  
PALM COAST FL 32137

11 RAMSGATE PLACE  
PALM COAST FL 32137

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

4 Date Incorporated or Qualified  
To Do Business in Florida

11/06/1998

Suite, Apt. #, etc

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

59-3543040

Not Applicable

Zip 32164

Country

Zip 32164

Country

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
PRES	LANCE LALOMIA	11 RAMSGATE PL	PALM COAST, FL 32164

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SAVY, BENJAMIN  
2825 N OCEANSHORE BLVD.  
FOLLER BEACH FL

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

Lance Lalomia

REGISTERED AGENT MUST SIGN

Date 10/30/99

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:

Lance Lalomia  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/30/99 904-437-0497  
Date Daytime Phone #

KE

2

0000001009068796 04-22-99 00630000470

NATIONSBANK >0630000047<  
800-5239498 063000047<  
0840061641 04-22-99 04-22-99  
7907 00 JRX FL 0840061641



Look for gray background on the front of this check, and the "Onyx Safe" logo on the back. If not present, return cash.

**LANCE LALOMIA, INC.** 1108  
904-437-0487  
11 HAMSGATE PL.  
PALM COAST, FL 32137

1024

DATE 4/21/99

PAY TO THE ORDER OF Dept of State \$ 150.00

One Hundred Fifty and 00/100 DOLLARS

**NationsBank**  
NationsBank, N/A  
ACCT #01 00000001

FOR Lance Lalomia

⑈004024⑈ ⑈063000047⑈ ⑈003060810059⑈ ⑈0000015000⑈