

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 OCT 30 AM 9:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P99000071266

1. Corporation Name

L & D FINANCIAL SERVICES, INC.

Principal Place of Business

Mailing Address

~~501 G. FALKENBURG RD.~~

~~501 G. FALKENBURG RD.~~

~~FL 33610~~

~~FL 33610~~

~~TAMPA FL 33610~~

~~TAMPA FL 33610~~

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

2. New Principal Office Address, If Applicable

4000 McLane Dr

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

4000 McLane Dr

Suite, Apt. #, etc.

4. Date Incorporated or Qualified  
To Do Business in Florida

08/11/1999

5. FEI Number

59-3595794

Applied For

Not Applicable

City & State

Tampa FL

Zip

33610

Country

USA

City & State

Tampa FL

Zip

33610

Country

USA

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PTD	LORD, WAYNE N	3818 SAN PEDRO STREET	TAMPA FL 33629
SVD	DANISH, MICHAEL W	3818 SAN PEDRO STREET	TAMPA FL 33629

800008693988

10/30/02--01032--016 \*\*150.00

8. Name and Address of Current Registered Agent

~~SPIEGEL & UTRERA, P.A.~~  
~~343 ALMERIA AVENUE~~  
~~CORAL GABLES FL 33134~~

9. Name and Address of New Registered Agent

Name

Wayne N. Lord, Pres.

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

3818 San Pedro St.

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33629

CR2E040 (8/02)

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. or 617.0505, F.S.

Signature of  
Registered Agent

*[Signature]* SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 10/28/02

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:

*[Signature]* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/28/02

Date

Daytime Phone #

L & D Financial Services, Inc.  
4002 McLane Drive  
Tampa, FL 33610

813-620-3868 phone  
813-620-3739 fax

Florida Department of State  
Secretary of State  
Division of Corporations  
Annual Report/Reinstatement Section  
P. O. Box 6327  
Tallahassee, Florida 32314-6327

re: P99000071266

Dear Sir or Madam:

In response to your request to file an annual report. Due to a move last year, a request from the state regarding the annual report was not received at L & D Financial Services, Inc.

I have enclosed the completed form you requested with the myself as agent with the correct address.

Should you need any additional information, please let me know.

Sincerely,



Wayne N. Lord  
President