PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

P99000084776

1. Corporation Name

LOMAN & COMPANY, INC.

Mailing Address

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

Principal Pia	ace or ousine	55	Mailing Addi	693		\$		=
2001 SW 20TH STREET FT LAUDERDALE FL 33315			2001 SW 20TH STREET FT LAUDERDALE FL 33315					
If above as	ddresses are	incorrect in any way, line thro	ough incorrect in	nformation a	nd enter correction below.			_
New Principal Office Address, If Applicable 3. New				New Mailing Office Address, If Applicable			porated or Qualified iness in Florida	{ ■
Suite, Apt. #	‡, etc.		Suite, Apt. #, etc.			5. FEI Numbe	09/22/1999 Applied For	-
City & State			City & State			65-0	1903563 Not Applicable	9 -
Zip Country			Zip Country		Country	CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee		
7. Names a	and Street Ad	dresses of Each Officer and/	or Director (Flo	rida nonprof	it corporations must list at le	east 3 directors)		
Title(s)	2	Name of Officers and/or Directors		3	Street Address of Eac Officer and/or Director		City / State / Zip	
Pais.	s. Richard Loman			1401 SW 28th Ave			J. Landendale P. 3331.	2
Min Per Sugan Loman					SW 18th		Lt Laudendale 9.33	33/2
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 			, ,,(ก็บัง ยาย ยาย และเ	Z.E.	00 176	CRZE040 (8/00)
	8. Nam	e and Address of Current	Registered Ag	ent		9. Name and	Address of New Registered Agent	
					Name		b.	CR2E040 (8/00)
_LACASS, SUSAN _					Street Address (P.O. Box Number is Not Acceptable)			
2001 SW 20TH STREET FT LAUDERDALE FL 33315					Suite, Apt. #, Etc.			
					City State State FL			
10. I, being	appointed th	e registered agent of the abo	e named corp	oration, am 1	amiliar with and accept the	obligations of Sec	tion 607.0505, F.S.	
Signature o Registered		Jisan Of	GISTERED AC	SENT MUST	SIGN		Date OC 13, 200	_
this rein owediਨ	statement ap	nlication, the reason for disso	olution has beer names of indivi	n eliminated, duals listed c	the corporate name satisfie on this form do not qualify for	es the requirement or an exemption u	napter 607 or 617, F.S. I further certify that when filing to of section 607.0401 or 617.0401, F.S., that all fees nder section 119.07(3)(i), F.S. The information indicate:	ed }
, Or alls a	/				(`	110 200 954-	H
SIGNAT		IGNATURE AND TYPED OR PR	MY OF	SIGNING OFF	SUSAN LO	man)	Date Daytime Phone #	#