

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 31 PM 5:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000084776

1. Corporation Name

LOMAN & COMPANY, INC.

Principal Place of Business

2001 SW 20TH STREET
FT LAUDERDALE FL 33315

Mailing Address

2001 SW 20TH STREET
FT LAUDERDALE FL 33315

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

09/22/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0903563

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
P	LOMAN, RICHARD	1401 SW 28TH AVE	FT LAUDERDALE FL 33312
VP	LOMAN, SUSAN	1401 SW 28TH AVE	FT LAUDERDALE FL 33312

500008733285
10/31/02-01101-007 **150.00

8. Name and Address of Current Registered Agent

LACASS, SUSAN
2001 SW 20TH STREET
FT LAUDERDALE FL 33315

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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 REQUIRED

REGISTERED AGENT MUST SIGN

Date

Oct 23, 2002

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Oct 23, 2002

Loman & Company

• 2001 SW 20th Street
Ft. Lauderdale, Fl. 33315
1-954-401-5668

October 23, 2002

To Whom It May Concern:

Please find this as explanation of our failure to file our 2002 corporation annual business report. During the last two years the office location of our business has been under construction. We had to move from our permanent location to two different temporary locations until construction was completed. During this time, much of our post had been delivered to the wrong location and was never received. We are now back to a permanent location and have had no problems receiving post.

Enclosed please find payment of \$150.00 for our 2002 renewal. If you should have any questions please do not hesitate to contact me at 1-954-232-3030.

Kind Regards,



Susan Loman