PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 JUN 19 AM 11:49

DOCUMENT # P99000104512

1. Corporation Name
LOKAR Holdings, Inc.
4291 Old Nine Foot Road
Winter Haven, FL 33880

2. Principal Office Address
4291 Old Nine Foot Rd
Suite, Apt. #, etc.
City & State
Winter Haven
Zip 33880
Country U.S.A.

3. Mailing Office Address
Same
Suite, Apt. #, etc.
City & State
Zip
Country

REINSTATEMENT 00-01

4. Date Incorporated or Qualified To Do Business in Florida Nov. 29, 1999

5. FEI Number 59-3616547 — Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED [X] — $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent
Name: FRANK DOLNEY
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.: 4291 Old Nine Foot Road
City: Winter Haven
State: FL
Zip Code: 33880

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****388.75 ****08.75

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: FRANK DOLNEY — Date 4/27/01
REGISTERED AGENT MUST SIGN

CR2E081 (9/00)

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
P/D	FRANK DOLNEY	4291 Old Nine Foot Road	Winter Haven, Fl 33884
VP/D	Nick Pirzousis	4291 Old Nine Foot Road	Winter Haven, Fl 33884

AD

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: FRANK DOLNEY 4/27/01 (863) 295-9790
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #