

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

02 JUN 14 PM 1:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P990000111258**

1. Corporation Name

Loomis King Properties, Inc.

2. Principal Office Address

829 Ferguson Dr.

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 555685

Suite, Apt. #, etc.

City & State

Orlando, FL

City & State

Orlando, FL

Zip

32808

Country

Orange

Zip

32855

Country

Orange

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

01-0627453

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75. Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Beulah Wiggins

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

829 Ferguson Dr.

Suite, Apt. #, Etc.

City

Orlando, FL

State
FL

Zip Code

32808

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

Beulah Wiggins

REGISTERED AGENT MUST SIGN

Date **6-10-02**

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	Russell W. Wiggins	829 Ferguson Dr.	Orlando, FL 32808
V	Allen T. D. Wiggins	918 Wooden Blvd.	Orlando, FL 32805
S	Beulah Wiggins	829 Ferguson Dr.	Orlando, FL 32808
T	Yolanda Axson	3099 Orange Center	Orlando, FL 32805

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:

Beulah Wiggins

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-10-02

Date

407-297-0439

Daytime Phone #

CR2E081 (9/01)