

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10f2

APPLICATION
FOR
REINSTATEMENT



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

late Fees waived
154-

FILED

DOCUMENT # S04552

02 NOV 06 AM 9:04

1. Corporation Name

LOUIE LOMBI'S TATTOO PARADISE, INC.

SECRETARY OF STATE
TALLAHASSEE, FL 32399-0001
500008837315
11/06/02--01134--022 **150.00

Principal Place of Business

5371 10TH AVE N
LAKE WORTH FL 33463
US

Mailing Address

5371 10TH AVE N
LAKE WORTH FL 33463
US



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

09/11/1990

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0229773

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
PD	LOMBI, LOUIS ROBERT	5565 PEBBLE BROOK LANE 16434 E. MAYFAIR Drive	BOYNTON BEACH FL Loxahatchee FL. 33470

8. Name and Address of Current Registered Agent

LOMBI, LOUIS ROBERT
5371 10 AVE N
LAKE WORTH FL 33463

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

CR2040 (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 of Louis Lombi
REGISTERED AGENT MUST SIGN

Date

Nov 1, 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 of Louis Lombi
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

561-966-8814

11-1-02

B

10-1-02

2087

To Whom it may concern;

I have had a back surgery in Mid January of 2002. I tried to keep up with my paper-work as I was laid up for 6 months, it wasn't easy. I did not get any paperwork regarding The annual Report. I would like to ask you To Waive The late fees as I have never had any problems before, I am a sole proprietorship so it has been quite a job for me to keep up with everything while being laid up.

Thank you

I am sincerely

Louis R. Lomeli