

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
07 JUL 31 AM 10:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S16751

1. Corporation Name

LOUIE ENTERPRISES, INC.

2. Principal Office Address - No P.O. Box #
6390 W. Indiantown Road

Suite, Apt. #, etc.
Chasewood Plaza - Suite 30

City & State
Jupiter, Florida

Zip
33458-4657

Country
U.S.A

3. Mailing Office Address
6390 W. Indiantown Road

Suite, Apt. #, etc.
Chasewood Plaza - Suite 30

City & State
Jupiter, Florida

Zip
33458-4657

Country
U.S.A

CR2E081 (1/07)

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number
65-0327053

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
Jupiter Law Center, LLC

Street Address (P.O. Box Number is Not Acceptable)
6390 W. Indiantown Road

Suite, Apt. #, Etc.
Chasewood Plaza - Suite 30

City
Jupiter

State
FL

Zip Code
33458-4657

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 *Attorney @ Jupiter Law Center* **Date** **7/25/07**

REGISTERED AGENT MUST SIGN

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
D	Dong H. Louie	150 Rosewood Circle	Jupiter, Florida 33458
D	Amy Y. Louie	354 Caravelle Drive	Jupiter, Florida 33458

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 contained in Chapter 119, 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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **7/12/07** **Daytime Phone #**