

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

03 SEP -9 PM 12:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **S60723**

1. Corporation Name

Lockers, Inc.

*KA*

2. Principal Office Address

5380 North Ocean Drive

Suite, Apt. #, etc.

Unit 11-H

City & State

Singer Island, FL

Zip

33404

Country

USA

3. Mailing Office Address

5380 North Ocean Drive

Suite, Apt. #, etc.

Unit 11-H

City & State

Singer Island, FL

Zip

33404

Country

USA

**REINSTATEMENT 00-03**

000022663360

08/29/03--01035--005 \*\*1250.00

4. Date Incorporated or Qualified  
To Do Business in Florida

6/14/91

5. FEI Number

65-026-9891

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

Donald J. Williams

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

5380 North Ocean Drive

Suite, Apt. #, Etc.

Unit 11-H

City

Singer Island

State

FL

Zip Code

33404

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

*Donald J. Williams*

REGISTERED AGENT MUST SIGN

Date

August 18, 2003

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,P	Donald J. Williams	5380 North Ocean Drive	Singer Island, FL 33404
VP,S	Scott G. Williams	4265 Troon Lane	Boynton Beach, FL 33436

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:

*Donald J. Williams*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

August 18, 2003

Date

561/881-9574

Daytime Phone #

CR2E081 (10/02)