2005 FOR PROFIT CORPORATION REINSTATEMENT

KEINƏ I A I EMEN I									
DOCUI 1. Entity Nam LOROCO						FILED 05 OCT 14 P			
Principal Place of Business Mailing Address					1 , \	SECKLIA TALLAH S			
801 N.E. 62ND STREET FORT LAUDERDALE, FL 33334		801 N.E. 62ND STREET FORT LAUDERDALE, FL 33334			/A	TALLAH S. A. , A	Pad Air		
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			10052005	STATEME	098/6/042	DO5 14	
City & State		City & State		4. FEI Numb 65-032		No	plied For- t Applicable		
Zip	Country	Zip	Country			of Status Desired	\$8.75 Add Fee Required		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent Name					
ROSE, WILLIAM 5652 N.E. 17TH TERRACE			Street Address (P.O. Box Number is Not Acceptable)						
FORT LAUDERDALE, FL 33334									
				City FL Zip Code					
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 1 am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and titled applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
The second secon									
FiLE NOWIII FEE IS \$150.00 After January 1, 2006, Fee will be \$300.00						In accordance with s. 60 corporation did not receive	7.193(2)(b), e the prior r	F.S., the notice.	
10.	OFFICERS AND I	DIRECTORS	11.		ADDITIONS	CHANGES TO OFFICERS AN	D DIRECTORS	3 IN 11	
TITLE	PD	☐ Delete	TITŁ	E			Change	Addition	
NAME	ROSE, LOIS		NAM						
STREET ADDRESS CITY-ST-ZIP	5652 N.E. 17TH TERRACE FT. LAUDERDALE, FL			EET ADDRESS '-ST-ZIP					
TITLE	VD Delete		TITL				Change	☐ Addition	
NAME Street address City-St-Zip	ROSE, WILLIAM 5652 N.E. 17TH TERRACE FT. LAUDERDALE, FL		1	eet adoress '-st-zip	100060626721 10/14/0501054003 **150.00			00	
TITLE	STD	☐ Delete	TITL				Change	☐ Addition	
NAME	COTE, PETER		NAM						
STREET ADDRESS CITY-ST-ZIP	1214 N.W. 1ST AVE. FT. LAUDERDALE, FL		CITY	EET ADORESS '-ST-ZIP					
TITLE NAME		☐ Delete	TET L NAM				☐ Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP			STR	EET ADDRESS					
TITLE		Delete	TITL				☐ Change	☐ Addition	
NAME			NAM						
STREET ADDRESS				EET ADDRESS					
CITY-ST-ZIP		<u> </u>	-1-	'-ST-ZIP	··			CT Addition	
TITLE NAME		L. Delete	TITL				☐ Change	☐ Addition	
STREET ADDRESS				EET ADDRESS					
CITY-ST-ZIP			_!	-ST-ZIP					
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered in execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.									