

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

AND  
FILED

1997 JUN 24 AM 11:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # V 59861

1. Corporation Name

LSP ENTERPRISES, INC.

Principal Place of Business

Mailing Address

P.O. BOX 30905  
PALM BEACH GARDENS, FL. 33420

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

N/A

3. New Mailing Office Address, If Applicable

N/A

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

SEPT. 30, 1992

5. FEI Number

65-0355567

Applied For

Not Applicable

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
PRESIDENT DIR.	SUMAN R. PATEL	142 OAKWOOD LANE	PALM BEACH GARDENS
DIRECTOR	SAROJ S. PATEL	142 OAKWOOD LANE	FL. 33410
			200002223982-4
			-06/26/97-01077-010
			****915.00 ****915.00

REINSTATEMENT

8. Name and Address of Current Registered Agent

Ann Porash  
12773 W. FOREST HILL BLVD.  
Suite 209  
Wellington, FL. 33414

9. Name and Address of New Registered Agent

Name Ann Porash  
Street Address (P.O. Box Number is Not Acceptable)  
12773 W. FOREST HILL BLVD.  
Suite, Apt. #, Etc. Suite 209  
City Wellington  
State FL Zip Code 33414

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.

Signature of  
Registered Agent

*[Signature]*

REGISTERED AGENT MUST SIGN

Date 6/18/97

11. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information  
on intangible tax.)

12. 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]*

SUMAN R. PATEL

6/18/97

(561)-626-9090

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (12/96)