


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

FILED

01 OCT 29 AM 9:46

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # **N02715**

1. Corporation Name  
**CENTER FOR ABUSE AND RAPE EMERGENCIES OF CHARLOTTE COUNTY, INC.**

Principal Place of Business Mailing Address  
 1501 COOPER ST. PO BOX 510234  
 P.O. BOX 510234 PUNTA GORDA FL 33951-0234  
 PUNTA GORDA FL 33951-7234 US



REINSTATEMENT

2001

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 <b>04/24/1984</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number <b>59-2435059</b>	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
<del>DV</del>	<del>WEBB, ELLEN</del> LUSK, LINDA	1522 SAN MARINO 519 Matares Dr.	PUNTA GORDA FL 33950
D	HESS, PAULA	2125 PALM TREE DR.	PUNTA GORDA FL 33950
<del>VCH D</del>	LIBBY, WD	1410 S TAMiami TR	PUNTA GORDA FL 33950
DT	WILLIAMS, JANET	1445 AKEN STR	PT CHARLOTTE FL 33952
<del>OVCH DS</del>	AMONTREE, KIM CARDILLO, GAIL	1117 SAN MATEO 960 LASSIND CT.	PUNTA GORDA FL 33950
DC	LORAH, MARY G	3865 BORDEAUX DR	PUNTA GORDA FL 33950

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
WEBB, ELLEN 1522 SAN MARINO P.O. BOX 510234 PUNTA GORDA FL 33950		Name LINDA LUSK Street Address (P.O. Box Number is Not Acceptable) 519 Matares DR Suite, Apt. #, Etc. City Punta Gorda State FL Zip Code 33950	

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 *Linda Lusk* REGISTERED AGENT MUST SIGN

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 -11/21/01-01018--001  
 \*\*\*\*\*245.00 \*\*\*\*\*245.00  
 Date **10/25/01**

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: *Linda Lusk* REGISTERED AGENT MUST SIGN  
 LINDA LUSK 10/25/01 941-335-8440  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (8/01)