

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 OCT 23 AM 9:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT 03



800024050018  
10/23/03--01059--004 \*\*150.00

DOCUMENT # **P98000014007**

1. Corporation Name

**LAKE CENTER OF H.O.P.E., P.A.**

Principal Place of Business

Mailing Address

1218 WEST DIXIE AVENUE, SUITE A  
LEESBURG FL 34748

1218 WEST DIXIE AVENUE, SUITE A  
LEESBURG FL 34748

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

2. New Principal Office Address, If Applicable

**33057 PROFESSIONAL DR.**

3. New Mailing Office Address, If Applicable

**33057 PROFESSIONAL DR**

Suite, Apt. #, etc.

**SUITE 102**

Suite, Apt. #, etc.

**SUITE 102**

City & State

**LEESBURG FL**

City & State

**LEESBURG FL**

Zip

**34788**

Country

**LAKE**

Zip

**34788**

Country

**LAKE**

4. Date Incorporated or Qualified  
To Do Business in Florida

**02/09/1998**

5. FEI Number

**59-3500597**

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	UNGSON, NICK M. MD	1218A WEST DIXIE AVE	LEESBURG FL 34748
ST	UNGSON, LOURDES N	1218A WEST DIXIE AVE	LEESBURG FL 34748

8. Name and Address of Current Registered Agent

UNGSON, NICK M  
1218-A WEST DIXIE AVENUE  
LEESBURG FL 34748

9. Name and Address of New Registered Agent

Name **NICK M. UNGSON, MD**  
Street Address (P.O. Box Number is Not Acceptable)  
**33057 PROFESSIONAL DR.**  
Suite, Apt. #, Etc.  
**SUITE 102**  
City **LEESBURG** State **FL** Zip Code **34788**

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. or 617.0505, F.S.

Signature of  
Registered Agent

**SIGNATURE**  
**REGISTERED AGENT MUST SIGN**

Date

**10/15/03**

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:

**LOURDES N. UNGSON**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**10/15/03**  
Date

**(352)787-0081**  
Daytime Phone #

*Lake Center of H.O.P.E.*

33057 Professional Drive, Suite 102  
Leesburg, Florida 34748  
(352) 787-0081

314 La Grande Blvd, Suite C  
The Villages, Florida 32159  
(352) 314-9444 Fax

October 15, 2003

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

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RE:                      plication for Reinstatement  
Corporation Name:   Lake Center of H.O.P.E., PA  
FEI #:                   59-3500597

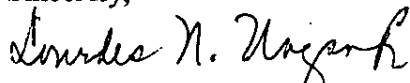
This is to notify you that we have moved to a new location. I would also like to inform you that we did not receive the application for Annual Uniform Business Report.

Our new mailing address as well as our present physical location:

Lake Center of H.O.P.E., PA  
33057 Professional Drive  
Suite 102  
Leesburg, Florida 34788

If I could provide additional information, please advise.

Sincerely,



Lourdes N. Ungson, Secretary/Treasurer