

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 JUN 16 AM 8:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

749628

1. Corporation Name

Foster PARENTS' Association of LAKE County, INC.

2. Principal Office Address

22514 CR 455

3. Mailing Office Address

P O Box 879

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Howey in the Hills, FL

City & State

TAVARES, FL

Zip

34737

Country

USA

Zip

32778

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

1999

5. FEI Number

59-2039872

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

E KAREN Stover

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

22514 CR 455

Suite, Apt. #, Etc.

City

Howey in the Hills

State

FL

Zip Code

34737

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

E. Karen Stover

REGISTERED AGENT MUST SIGN

Date

5/12/05

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
VP	Barbara Byrd	13709 Woodland Drive	Astatula, FL 31705
VP	Donald Hines	2104 Waitman Ave	Leesburg, FL 34748
Sec	Debra Balentine	157 Ashley St	Groveland, FL 34736
Tre	MARY Ann HARTlerode	22514 CR 455	Howey in the Hills, FL 34737
Pres	Edith KAREN Stover	22514 CR 455	Howey in the Hills, FL 34737

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:

E. Karen Stover

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/12/05

Date

352-255-9056

Daytime Phone #

CR2E081 (01/05)