

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # **753809**

00 OCT 25 PM 4:47

1. Corporation Name

WEST CENTRAL FLORIDA GUARDIANSHIP SERVICES, INC

Principal Place of Business

Mailing Address

1190 HEARD BRIDGE RD.
WAUCHULA FL 33873

PO BOX 6
WAUCHULA FL 33873



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

REINSTATEMENT

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2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

08/19/1980

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2171688

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
VPD	MARTIN, SUSAN J	ST RD 35B	WAUCHULA FL
SDT	LONG, LAURESA G	150 POMEGRANATE ST.	SEBRING FL 33870
PD	THORPE, JANA G.	1190 HEARD BRIDGE RD.	WAUCHULA FL 33873

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-11/20/00--01156--017
*****236.25 *****236.25

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

THORPE, JANA G
1190 HEARD BRIDGE RD.
WAUCHULA FL 33873

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

J. Thorpe

REGISTERED AGENT MUST SIGN

Date **10-23-00**

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:

J. Thorpe

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-23-00

Date

Daytime Phone #

AD