

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

12 MAY 21 PM 12:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

200234912182  
05/21/12--01003--023 \*\*52.50

DOCUMENT # F96000000562

1. Corporation Name

THE SHEPHERD'S LAMBS, INC.

2. Principal Office Address - No P.O. Box #

2021 Keyway Drive

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 996

Suite, Apt. #, etc.

City & State

Englewood, FL

City & State

Englewood, FL

Zip

34223

Country

U.S.A.

Zip

34295

Country

U.S.A.

4. Date Incorporated or Qualified  
To Do Business in Florida

Feb. -1, 1996.

5. FEI Number

58-1628409

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

Audrey Ann Volz

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

2021 Keyway Drive

Suite, Apt. #, Etc.

City

Englewood, FL

State

FL

Zip Code

34223

**REINSTATEMENT**

2000-2012

200234912182  
05/10/12--01005--002 \*\*918.75

W12-210055

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

*Audrey Ann Volz*

REGISTERED AGENT MUST SIGN

Date 4/30/12

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
P/D/T	Audrey Ann Volz	2021 Keyway Dr	Englewood, FL 34223
V	Rev Dr. Douglas Lane	1664 Ft. Argyle Rd	Savannah, GA 31419
V	Mrs. Glenda Lane	1664 Ft. Argyle Rd	Savannah, GA 31419
S	JoAnn Myers	1020 Capri Isle Blvd #26	Venice, FL 34292
S	Sandra Ellerbusch	234 - 2nd St. West	Nokomis, FL 34275

10. E-mail Address: AdrVol@aol.com

(To be used for future annual report notification)

**S. HAWKES**

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: Audrey Ann Volz

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/12 941-475-1502

Date

Daytime Phone #