

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 28 PM 12:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N00000000197

1. Corporation Name

KARMA THEG SUM CHOLING, GAINESVILLE, INC.

Principal Place of Business

2510 N.W. 162ND STREET  
NEWBERRY FL 32669

Mailing Address

2510 N.W. 162ND STREET  
NEWBERRY FL 32669

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 03



10/28/03--01089--018 \*\*61.25

4. Date Incorporated or Qualified  
To Do Business in Florida

01/11/2000

5. FEI Number

59-3644293

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
D	LEHMAN, TERRY	2510 N.W. 162ND STREET	NEWBERRY FL 32669
D	KRAGIEL, LUCIAN	2510 N.W. 162ND STREET	NEWBERRY FL 32669
TD	LEHMAN, KATHRYN	2510 N.W. 162ND STREET	NEWBERRY FL 32669
SD	MERRITT, LUCINDA F	2510 N.W. 162ND STREET	NEWBERRY FL 32669
D	KRAGIEL, SUZANNE	2510 N.W. 162ND STREET	NEWBERRY FL 32669
D	BOLE, DAVID	2510 N.W. 162ND STREET	NEWBERRY FL 32669

8. Name and Address of Current Registered Agent

LEHMAN, TERRY  
2510 N.W. 162ND STREET  
NEWBERRY FL 32669

9. Name and Address of New Registered Agent

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. or 617.0505, F.S.

Signature of  
Registered Agent

*Kathy Lehman*  
REGISTERED AGENT MUST SIGN

Date

24 Oct 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:

*Kathy Lehman*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

24 Oct 03

Date

Daytime Phone #

CR2E040 (7/03)

October 24, 2003

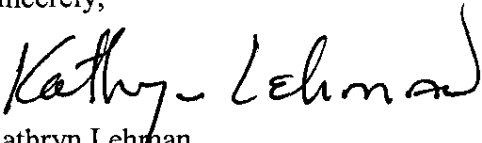
To Whom It May Concern:

RE: Document # N00000000197

Karma Thegsum Choling, Gainesville, Inc. mailed our check of \$61.25 on September 3, 2003 to pay our corporation fees. When I received your Notice of Administrative Dissolution I checked with our bank and your check had not been cashed. I can only think the check has been lost in the mail. Please accept this replacement check and if the original check date September 3<sup>rd</sup> is received, please disregard it.

Thank you for your assistance in this matter. If you have any questions, you may contact me at 352-472-2744.

Sincerely,

  
Kathryn Lehman  
Treasurer

Karma Thegsum Choling, Gainesville, Inc.  
2510 NW 162 ST  
Newberry, FL 32669