

2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

2008 MAR 20 AM 11:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 07-08

DOCUMENT # N03000006205

1. Entity Name
THE LATMA OUTREACH & REHABILITATION CENTER, INC.



Principal Place of Business
491 SW CAPTAIN BROWN RD
MADISON, FL 32340

Mailing Address
491 SW CAPTAIN BROWN RD
MADISON, FL 32340

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number
35-2211143

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
SPENCER, EMILY
1218 NW PICKLE LN
MADISON, FL 32340

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
491 SW Captain Brown Road
City Madison FL Zip Code 32340

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. *NA, agent is the same.*

900121119609
03/25/08--01011--004 **61.30

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$122.50

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SPENCER, CARL E 1218 NW PICKLE LN MADISON, FL 32340 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 491 SW Captain Brown Road Madison, FL 32340
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SPENCER, EMILY 1218 NW PICKLE LN MADISON, FL 32340 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 491 SW Captain Brown Road Madison, FL 32340
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T OLLIFF, NATHANIEL PO BOX 1045 MADISON, FL 32341 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 491 SW Captain Brown Road Madison, FL 32340
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HART, EMMA PO BOX 1045 MADISON, FL 32341 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 491 SW Captain Brown Road Madison, FL 32340
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 300118542933 02/21/08--01029--002 **69.95
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Emily Spencer 2/16/08 (850) 973-2359

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #