

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 SEP 27 PM 2:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILING CANCELLED
RETURNED CHECK

DOCUMENT # N03000006205

1. Corporation Name

The LATMA Outreach & Rehabilitation
Center, Inc.

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

491 S SW Captain Brown Rd

Suite, Apt. #, etc.

3. Mailing Office Address

491 SW Captain Brown Rd

Suite, Apt. #, etc.

City & State

Madison, FL

City & State

Madison, FL

Zip

32340

Country

USA

Zip

32340

Country

USA

CR2E081 (6/10)

4. Date Incorporated or Qualified
To Do Business in Florida

7/21/03

5. FEI Number

352211143

☐ 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

Emily Spencer

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

491 SW Captain Brown Rd

Suite, Apt. #, Etc.

City

Madison

State

FL

Zip Code

32340

300185897933

09/27/10--01039--008 ***236.25

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

REGISTERED AGENT MUST SIGN

Date

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	Carl Spencer	491 SW Captain Brown Rd	Madison, FL 32340
V	Emily Spencer	491 SW Captain Brown Rd	Madison, FL 32340
T	Carlisha Moore	491 SW Captain Brown Rd	Madison, FL 32340
S	Emma Hart	491 SW Captain Brown Rd	Madison, FL 32340
C	Nathaniel Olliff	491 SW Captain Brown Rd	Madison, FL 32340

10. E-mail Address: ileadtheway@hotmail.com

(To be used for future annual report notification)

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. 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #