

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

10 JUL 16 PM 4:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

400183373094  
07/19/10--01001--006 \*\*358.75

CR2E081 (6/10)

**DOCUMENT # N07000006317**

1. Corporation Name

LIFE Recovery Council, Inc.

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

14480 SW 41st Ave Road

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Ocala, FL

City & State

Zip

34473

Country

USA

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

6/25/07

5. FEI Number

26-04444638

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$9.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Robin W Josef

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

14480 SW 41st Ave Road

Suite, Apt. #, Etc.

City

Ocala

State

FL

Zip Code

34473

**REINSTATEMENT**

08-10

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

*Robin W. Josef*

Date

7/16/10

REGISTERED AGENT MUST SIGN

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
ExcDir	Robin W Josef	14480 SW 41st Ave Road	Ocala, FL 34473
President	Brenda Ismail	14480 SW 41st Ave Road	Ocala, FL 34473
VicePres	Milynda Mercer	15560 SW 53rd Street Road	Ocala, FL 34476
Secretary	Lakay Moore Jones	1330 SW 63rd Street Road	Ocala, FL 34476

10. E-mail Address: rjosef@healingsexualtrauma.org

(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:

*Robin W. Josef* Robin W. Josef

7/16/10

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #