

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 MAY 16 PM 5:51

DOCUMENT # N13575

1. Corporation Name

Estate Planning Council of Marion County, Inc.

2. Principal Office Address

7763 SW Highway 200

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Ocala, Florida

City & State

Zip  
34471

Country  
US

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida 2/25/1986

5. FCI Number  
59-2662856

Applied For  
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required  
for a Certificate of Status

CR2E081 (12/05)

7. Name and Address of Current Registered Agent

Name

Robert A. Stermer

Street Address (P.O. Box Number is Not Acceptable)  
7763 SW Highway 200

Suite, Apt. #, Etc.

City

Ocala

State

FL

Zip Code

34476

REINSTATEMENT

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

Date 5-12-06

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
P	Robert A. Stermer	7763 SW Highway 200	Ocala, Florida 34476
VP	Syndie Levien	7763 SW Highway 200	Ocala, Florida 34476
T	Joan L. Coke	7763 SW Highway 200	Ocala, Florida 34476
S	Susan Lightbody	7763 SW Highway 200	Ocala, Florida 34476

10. 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 contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/22/06 (352) 861 0447