

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE**  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 NOV 13 PM 1:45

**DOCUMENT # N13604**

1. Corporation Name  
*Sharing Concern for Seminole  
County Shelter Children, Inc.*

2. Principal Office Address  
*1400 Windsor Ave.*

3. Mailing Office Address  
*1400 Windsor Ave.*

**REINSTATEMENT 94-01**

Suite, Apt. #, etc.

City & State  
*Longwood FL*

4. Date Incorporated or Qualified To Do Business in Florida  
*2/27/86*

Zip  
*32750*

Country  
*Seminole*

Zip  
*32750-6830*

Country  
*Seminole*

5. FEI Number  
*59-2676268*

6. CERTIFICATE OF STATUS DESIRED  \$2.75 Additional Fee required for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name  
*Kenneth M. Leffler* 900004702198--4

Street Address (P.O. Box Number is Not Acceptable)  
*1400 Windsor Ave.* -12703701--010471-022

Suite, Apt. #, Etc. \*\*\*\*665.00 \*\*\*665.00

City  
*Longwood* State **FL** Zip Code *32750-6830*

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0605 or 617.0603, F.S.

Signature of Registered Agent  
*Kenneth M. Leffler* Date *8/8/01*  
REGISTERED AGENT MUST SIGN

**9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)**

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/D	<i>Kenneth M. Leffler</i>	<i>1400 Windsor Ave. - -</i>	<i>Longwood FL 32750-6830</i>
V/D	<i>Arthur E. Grindle</i>	<i>241 Live Oak Lane</i>	<i>Altamonte Spr. FL 327</i>
T/S/D	<i>James C. Gamble</i>	<i>407 Spring Valley Rd.</i>	<i>Altamonte Spr. FL 327</i>

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 under section 119.07(3)(b), 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: *Ken Leffler* Kenneth M. Leffler 8/8/01 407-331-5515  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR / Date Daytime Phone #