

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 DEC -3 AM 8:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**REINSTATEMENT** 073



800025192728

12/03/03--01017--024 \*\*236.25

DOCUMENT # **N26184**

1. Corporation Name

**POLK, HARDEE AND HIGHLANDS AIDS SERVICES AND EDUCATION, INC.**

Principal Place of Business

Mailing Address

535 W. COUNTY ROAD . 540A  
LAKELAND FL 33813  
US

P.O. BOX 7755  
LAKELAND FL 33807-7755  
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

04/29/1988

5. FEI Number

59-2907200

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	SAFFORD, LAURA	1105 HUNT AVENUE	LAKELAND FL 33801
VD	SCOGGINS, PAUL	800 E. ROAD 540A, LOT #70	LAKELAND FL 33813
TD	JEWETT, LARRY CHRISTY LESCHEN	1750 COVE CIRCLE 1105 HUNT AVE	LAKELAND FL 33808 33801
SD	HARRIS, SUZANNE CHRISTY LESCHEN	94 WOODSIDE DRIVE	LAKELAND FL 33813 33801

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

JEWETT, LARRY  
1750 COVE CIRCLE  
BARTOW FL 33830

CHRISTY

Name

CHRISTY LESCHEN

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

1105 Hunt Ave

Suite, Apt. #, Etc.

City

Lakeland

State

FL

Zip Code

33801

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of  
Registered Agent

*[Signature]*  
REGISTERED AGENT MUST SIGN

Date 11/28/03

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 and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), 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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LAURA L SAFFORD

11/28/03

Date

Daytime Phone #

CR2E040 (7/03)