

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 JUN 16 AM 9:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT #**

N93 000001700

1. Corporation Name

Life Skills Foundation, Inc.

2. Principal Office Address

P. O. Box 340898

3. Mailing Office Address

P. O. Box 340898

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tampa, Florida

City & State

Tampa, Floirda

Zip

33695-0898

Country

USA

Zip

33694-0898

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

1993

5. FEI Number

59-3176363

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

REINSTATEMENT

W-03

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

Name

J. W. Walter, Jr.

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

4100 W. Horatio St.

Suite, Apt. #, Etc.

City

Tampa

State  
FL

Zip Code  
33609

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

*J. W. Walter, Jr.*

Date

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
Pres.	J. W. Walter, Jr. <i>D</i>	4100 W. Horatio St/	Tampa, Fl. 33609
Sec.	Dorothy K. Biegert <i>T</i>	3804 Shoreside Cr.	Tampa, Fl. 33624
Tres.	John Rehill <i>T</i>	4206 Durant Rd.	Valrico, Fl. 33594

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)(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:

*J. W. Walter, Jr.*

J. W. Walter, Jr.

813 961-0659

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)

21 6/16