

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # N93000004753

1. Corporation Name

LAKESIDE COUNSELING CENTER, INC.

Principal Place of Business

1736 NEW JERSEY RD
LAKELAND FL 33803

Mailing Address

1736 NEW JERSEY RD
LAKELAND FL 33803

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

10/14/1993

5. FEI Number

59-3231261

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)

Title(s)

Name of Officers
and/or Directors

Street Address of Each
Officer and/or Director

City / State / Zip

DT

STANCIL, JOHN

5998 CHARLOMA DR

LAKELAND FL 33813

DSV

SHEROUSE, CRAIG

1736 NEW JERSEY RD

LAKELAND FL 33803

~~DP~~

~~ANDREWS, PATTI~~

~~1909 BROKEN ARROW TR N~~

~~LAKELAND FL 33813~~

DP

Richard Phillips

D

BOYD, BARBARA

1614 CALDWELL ST

LAKELAND FL 33803

~~D~~

~~ROW, BETH~~

~~5245 MARTIN LANE DR~~

~~LAKELAND FL 33813~~

D

Todd Moore

D

WILLIAMS, NANCY

4819 DETOR RD

LAKELAND FL 33813

8. Name and Address of Current Registered Agent

SHEROUSE, CRAIG
1736 NEW JERSEY RD
LAKELAND FL 33803

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

CSIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 12-15-02

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:

CSIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12/16/02 863 7011968

CR2E040 (9/02)

FILED

02 DEC 17 AM 11:53

STATE OF FLORIDA
TALLAHASSEE, FLORIDA



REINSTATEMENT 2002