

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # N93000005160

1. Corporation Name

ADOPT-A-FAMILY OF HIGHLANDS COUNTY, INC.

Principal Place of Business

1818 BEACH DR
SEBRING FL 33870

Mailing Address

1818 BEACH DR
SEBRING FL 33870

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

11/09/1993

5. FEI Number

65-0451774

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED

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
DPVS	WOODRUFF, KATHY A	615 MANOR CIRCLE 1818 BEACH DRIVE	SEBRING FL 33870 33870
CM	WOODRUFF, KATHY	615 MANOR CIRCLE 1818 BEACH DRIVE	SEBRING FL 33870
T	WOODRUFF, KATHY	1818 BEACH DR	SEBRING FL 33870
T	WOODRUFF, FRANK	2802 PALM VERDE DR 8855 ARLENE AVE	AVON PARK FL 33825
4000003089654--8 -01/05/00--01103--007 ****245.00 ****245.00			

8. Name and Address of Current Registered Agent

WHITEHOUSE, J. WENDELL
445 S. COMMERCE AVE.
SEBRING FL 33870

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.

Signature of
Registered Agent

[Signature]
REGISTERED AGENT MUST SIGN

Date

12/27/99 LS

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

Date

Daytime Phone #

12-27-99 863-471-9026

FILED

99 DEC 28 PM 1:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

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