

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR 96-97
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

97 OCT 21 PM 3:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000001869

1. Corporation Name

LUTHERAN EDUCATION ASSOCIATION OF CENTRAL FL, INC.

Principal Place of Business

Mailing Address

same

550 N. Econlockhatchee Trail
Orlando, Florida 32825

REINSTATEMENT 96-97

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

4. Date Incorporated or Qualified
To Do Business in Florida

6/30/95

10/21/97

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

5. FEI Number

59-3236110

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	ROSE, LYNN	3013 Harbour Landing Way	Casselberry, FL 32707
VPD	STANO, THOMAS	9018 Haywood Court	Orlando, FL 32825
SD	VORPAGEL, RUTH	4631 Shorecrest Drive	Orlando, FL 32825
TD	FULLER, PAMELA	1106 Sunwood Lane	Orlando, FL 32825
ExD	SCHULZE, ROBERT	10130 Cheshunt Drive	Orlando, FL 32817
Pr.	SCHNEIDER, RICHARD	814 McLean Court	Orlando, FL 32825

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

OGG, SANDRA L.
4704 Jamerson Place
Orlando, FL 32807

Name
100002327281--7
Street Address (P.O. Box Number is Not Accepted)
10/22/97--01103--001
Suite, Apt. #, Etc.
100002327281--7
City
-10/22/97--01103--002
*****8 State FL *****8.75

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

Sandra L. Ogg

REGISTERED AGENT MUST SIGN

Date 10/16/97

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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:

Robert Schulze

Robert Schulze

10/16/97

407-275-7750

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (12/95)