

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 DEC -3 PM 3:43

DOCUMENT # N94000002057

1. Corporation Name

SHARE-A-HOME OF LAKE COUNTY, INC.

800004721418--6
-12/12/01--01085--006
****245.00 ****245.00

Principal Place of Business

Mailing Address

1242 N ALEXANDER ST
MOUNT DORA FL 32757
US

1242 N ALEXANDER ST
MOUNT DORA FL 32757
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

4. Date Incorporated or Qualified
To Do Business in Florida

04/26/1994

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3249622

Applied For

Not Applicable

City & State

City & State

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
VD	HUMMELL, LUCY, VICE PRESIDENT DIRECTOR	1242 N ALEXANDER ST	MOUNT DORA FL 32757
PD	MANAUSA, L Phoebe Mueller, DIRECTOR	288 PALO VERDE DR 23555 Winterwillow Ln	LEESBURG FL 34748 EUSTIS, FL 32726
SD	SCHMIDT, ROSALEE D Lynn PLANT, SECRETARY	206 JAGUARANDA DR 1951 ARBOR WAY	LEESBURG FL 34748 MT. DORA, FL 32757
PD	THURMOND, A, PRESIDENT DIRECTOR	42021 W LAKEVIEW DR	ALTOONA FL 32702
TD	BERSOLE, BETTY J CECIL WOODS, TREASURER	175 SHOREWOOD DR 913 VASSAR DR	TAVARES FL EUSTIS, FL 32726
D	COLEMAN, ELIZABETH, DIRECTOR	41420 SUNSHINE AVENUE	UMATILLA FL 32784

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HUMMELL, LUCY
1242 N ALEXANDER ST
MOUNT DORA FL 32757

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

REGISTERED AGENT MUST SIGN

Date 10-22-01

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:

Cecil R. Woods
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/22/01 (352)
589-9494