

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

**Katherine Harris**  
Secretary of State

DIVISION OF CORPORATIONS

01 DEC 10 AM 10:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N 98000000500

**1. Corporation Name**

Mission TLC Inc. of Northeast Florida

**2. Principal Office Address**

105 Palm Valley Woods Dr.

Suite, Apt. #, etc.

City & State

Ponte Vedra Bch, FL

Zip

32082

Country

St. Johns

**3. Mailing Office Address**

SAME

Suite, Apt. #, etc.

City & State

**4. Date Incorporated or Qualified  
To Do Business in Florida**

1-26-98

**5. FEI Number**

593494591

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☐

\$8.75 Additional Fee required  
for a Certificate of Status

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

Name

Shay R. Horner

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

105 Palm Valley Woods Dr.

Suite, Apt. #, Etc.

City

Ponte Vedra Bch

State  
FL

Zip Code

32082

400004743494--5

-12/28/01--01090--009

\*\*\*\*\*61.25 \*\*\*\*\*1.25

**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

Shay R. Horner

REGISTERED AGENT MUST SIGN

Date 11-20-01

**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
PD	Shay R Horner	105 Palm Valley Woods Dr.	Ponte Vedra Bch, FL 32082
VD	David Sheffield	695 AIA North #22	Ponte Vedra Bch, FL 32082
S	Jay Jones	401 Landrum Ln.	Ponte Vedra Bch, FL 32082
DD	Robin Rhoads	3007 Cypress Cr. Dr. E.	Ponte Vedra Bch, FL 32082

**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:** Shay R. Horner Shay R. Horner

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-20-01

Date

904-273-1199

Daytime Phone #

CR2E081 (9/00)

November 20, 2001

To whom it may concern,

Enclosed is the reinstatement form for Mission TLC Inc. of Northeast Florida and a check for \$61.25. I spoke with a representative from your office and was told to write in this letter that we have not received any notices in the year 2001 and would like to have all late fees reversed please.

Thank you,  
Shay Horner

*Shay Horner*