

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 JUL 28 AM 8:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT# N98000001139

1. Corporation Name

Lifeskills of Pasco, inc.

2. Principal Office Address

4038 Fairford Drive

Suite, Apt. #, etc.

City & State

New Port Richey, FL

Zip

34652

Country

Pasco

3. Mailing Office Address

4038 Fairford Drive

Suite, Apt. #, etc.

City & State

New Port Richey, FL

Zip

34652

Country

Pasco

4. Date Incorporated or Qualified  
To Do Business in Florida

02/25/98

5. FEI Number

59-3495005

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

Arthur Ireland

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

4038 Fairford Drive

Suite, Apt. #, Etc.

City

New Port Richey

State  
FL

Zip Code

34652

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

Arthur Ireland

Date 07/23/03

REGISTERED AGENT MUST SIGN

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
Dir.	Barbara Ireland	4038 Fairford Drive	New Port Richey, FL 34652
Sect.	Nicole Ireland	4024 Cranbrook Place	New Port Richey, FL 34652
TREAS.	Arthur Ireland	4038 Fairford Drive	New Port Richey, FL 34652
Board memb	Judy Rockwood	4712 Jacqueline Dr.	New Port Richey, FL 34652
Board memb	Debbi Consabre	4712 Jacqueline Dr.	New Port Richey, FL 34652

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:

Barbara Ireland / Barbara Ireland

Date

07/23/03

Daytime Phone #

727-844-0455

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (10/02)

7/25