

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

02 MAY -1 AM 9:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P00000059262**

1. Corporation Name

MENTORS, INC.

2. Principal Office Address

228 Blue Stone Cr.

3. Mailing Office Address

P.O. Box 2615

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

WINTER GARDEN, FL

City & State

WINDERMERE, FL

Zip

34787

Country

USA

Zip

34786

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

6/2000

5. FEI Number

59-3658948

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

Stephen P. Riley

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

228 Blue Stone Circle

Suite, Apt. #, Etc.

City

Winter Garden,

State
FL

Zip Code

34787

200005664172-1

-06/03/02--01020--021

*****\$300.00 ***\$300.00**

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

Stephen P. Riley

REGISTERED AGENT MUST SIGN

Date

Apr. 17, '02

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
PTD	Riley, Stephen P.	228 Blue Stone Circle	Winter Garden, FL 34787
VSD	Cunningham, James G.	3255 Archer Ave.	LADY LAKE, FL 32159

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:

Stephen P. Riley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**Apr. 17, 02 (407)
905-8959**

Daytime Phone #