

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 OCT 22 PM 3:09

DOCUMENT # P00000104518

1. Corporation Name

SHEPERD'S HAVEN, INC.

Principal Place of Business

Mailing Address

12720 US 92 E  
DOVER FL 33527

12720 US 92 E  
DOVER FL 33527



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

351 Howard Ave.  
Suite, Apt. #, etc.  
Lakeland, FL

3. New Mailing Office Address, If Applicable

Mrs. Sharon Baughman  
Suite, Apt. #, etc.  
351 Howard Ave.  
Lakeland, FL

4. Date Incorporated or Qualified  
To Do Business in Florida

11/06/2000

5. FEI Number

59-368-1208

Applied ☒ SP  
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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	BAUGHMAN, SHARON J	12720 US 92 E 351 Howard Ave	DOVER FL 33527 Lakeland, FL. 33815
D	BAUGHMAN, CARL A	12720 US 92 E 351 Howard Ave	DOVER FL 33527 Lakeland, FL. 33815

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\*\*\*\*750.00 \*\*\*\*750.00

8. Name and Address of Current Registered Agent

BAUGHMAN, SHARON J  
12720 US 92 EAST 351 Howard Ave.  
DOVER FL 33527 Lakeland, FL. 33815

9. Name and Address of New Registered Agent

Name Baughman, Sharon J

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

351 Howard Ave.

Suite, Apt. #, Etc.

City

Lakeland

State

FL

Zip Code

33815

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

SIGNATURE REQUIRED  
Sharon Baughman

REGISTERED AGENT MUST SIGN

Date Oct 16, 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:

SIGNATURE REQUIRED  
Sharon Baughman Sharon Baughman

Date

Daytime Phone #

Oct 17, 01 (863) 802-8119