

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV 24 PM 1:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000074065

1. Corporation Name

LEGAL ALTERNATIVES OF THE TREASURE COAST, INC.

Principal Place of Business

Mailing Address

901 SW MARTIN DOWNS BLVD.
SUITE 306A
PLM CITY FL 34990

901 SW MARTIN DOWNS BLVD.
SUITE 306A
PLM CITY FL 34990

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

Suite, Apt. #, etc.

1341 SE Sanddollar Ln

Suite, Apt. #, etc.

PO Box 414

City & State

Stuart FL

City & State

Stuart FL

Zip

34996

Country

USA

Zip

34996-0414

Country

USA

REINSTATEMENT

07

07/05/2002

5. FEI Number

42-1543112

Applied For

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	Joseph R. Truitt	1341 SE Sanddollar Ln	Stuart FL 34996-0414

500024981325
11/24/03--01099--005 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

TRUITT, JOSEPH R

901 SW MARTIN DOWNS BLVD. 1341 SE Sanddollar Ln

SUITE 306A

PLM CITY FL 34990

Stuart FL 34996

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. or 617.0505, F.S.

Signature of
Registered Agent

Joseph R. Truitt

REGISTERED AGENT MUST SIGN

Date

11/18/03

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:

Joseph R. Truitt

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/18/03

Date

(772) 219-7367

Daytime Phone #

CR2E040 (7/02)

***Legal Alternatives of
The Treasure Coast***

P.O. Box 414, Stuart, Florida 34995-0414
Phone (772) 219-7367 Fax (772) 219-0984
Offering Paralegal Services to Attorney's

*Selling Legal Forms and Typing Services for
Divorce · Bankruptcy & More*

*Assisting Attorney's in Motion Practice · Litigation
Hearing and Trial Preparation · Case Investigation
& Appellate Work*

November 20, 2003

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

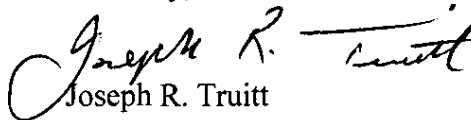
Re: Application for Reinstatement of Corporation

AFFIDAVIT

Dear Division of Corporations:

This is to notice you that I, Joseph R. Truitt, Registered Agent and President of the above-stated corporation never received notification of an annual report being due.

Sincerely,

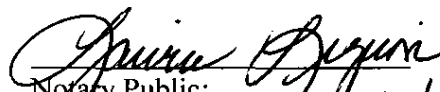

Joseph R. Truitt

STATE OF FLORIDA
COUNTY OF Martin

Before me personally appeared JOSEPH R. TRUITT on this 20 day of
November 2003, and each (☒) who is personally known to me or () each
who produced known as identification.



Laurie Liguori
My Commission DD077944
Expires January 05, 2006


Notary Public:
My Commission Expires: 1/5/06