

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000004794

1. Corporation Name

L T C PLUS, INC.

Principal Place of Business

Mailing Address

P.O. BOX 111
SEBRING FL 33871

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SEBRING FL 33871

FILED

97 NOV 19 PM 2:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 97

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		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01/13/1993	
City & State		City & State		5. FEI Number	
Zip		Zip		65-0405846	
Country		Country		Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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 (Do NOT Use Post Office Box Numbers)	City / State / Zip
P	BAILEY, BARBARA A	400 N. RIDGEWOOD DRIVE 466 SE Lakeview Drive	SEBRING FL 33871-33870

900002353179--2
-11/20/97--01083--005
****758.75 ****758.75

JP
11-19-97

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BAILEY, BARBARA A
1101 HOTIYEE AVE.
SEBRING FL 33871

Name

Bailey, Barbara A.

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

466 SE Lakeview Drive

Suite, Apt. #, Etc.

City

Sebring

State

FL

Zip Code

33870

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

REGISTERED AGENT MUST SIGN

Barbara Bailey

Date 11/17/97

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. 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)(l), 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 Bailey

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

11/17/97 (941) 471-2510

Date

Daytime Phone #

CR2E04C (8/97)