

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION
FOR



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

DOCUMENT # **P93000026324**

1. Corporation Name

LTHS MANAGEMENT, INC.

FILED

01 OCT 15 PM 5:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

1330 S. CR. 427
LONGWOOD FL 32750
US

Mailing Address

P.O. BOX 521575
LONGWOOD FL 32752
US

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/31/1993

5. FEI Number

59-3180517

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PSTD	STEVENSON, HARRY J	3388 OAKMONT TERRACE 3372 Fox MEADOW CR	LONGWOOD FL 32779

100004653631--3
-10/25/01-01068-017
*****150.00 *****150.00

8. Name and Address of Current Registered Agent

STEVENSON, HARRY J
~~3388 OAKMONT TERRACE~~
LONGWOOD FL 32779

9. Name and Address of New Registered Agent

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.

Signature of
Registered Agent

[Signature]
SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 10-17-01

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2040 (8/01)



Florida Department of State
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

October 16, 2001

Attn: Tyrone Scott:

Dear Mr. Scott:

Attached please find our application for reinstatement for LTHS Management, Inc. We mailed our 1st report in to your office in April, but did not hear anything back. I would ask that you waive the reinstatement fee. Thank you for your help in this matter. Please call me at 407-332-0100 if you need any further information. Could you please fax me notice of our reinstatement to 407-332-8509 when complete.

Sincerely,

Don Davis
Controller
LTHS Management, Inc.