

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

02 JUL -2 AM 10:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P97000072882**

1. Corporation Name

TLC of CENTRAL FLORIDA INC.

200006273542--6
-07/09/02--01037--005
****900.00 ****900.00

2. Principal Office Address

433 WEKIVA Cove ROAD

Suite, Apt. #, etc.

City & State

Longwood, FL.

Zip

32779

Country

USA

3. Mailing Office Address

433 WEKIVA Cove ROAD

Suite, Apt. #, etc.

LTA

City & State

Longwood, FL

Zip

32779

Country

USA

REINSTATEMENT 01-02

4. Date Incorporated or Qualified
To Do Business in Florida

8/18/97

5. FEI Number

59-3462735

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

JUDY L. Conrad

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

433 WEKIVA Cove ROAD

Suite, Apt. #, Etc.

City

LONGWOOD

State
FL

Zip Code

32779

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

Judy L. Conrad Pres
REGISTERED AGENT MUST SIGN

Date

7/3/02

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
PRES-	JUDY L. Conrad	433 WEKIVA Cove ROAD	Longwood, FL. 32779
CEO	SANDRA TURNER	2635 FALMOUTH ROAD	MAITLAND, FL. 32751

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:

Judy L. Conrad, Pres
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JUDY L. CONRAD, PRES

Date

7/3/02

Daytime Phone #

407-682-5491

CR2E081 (9/01)