

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

02 AUG 19 AM 9:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000034560

1. Corporation Name

LDA of Southwest Florida, Inc

500007374735--9

-08/27/02--01045--023

****900.00 ****900.00

2. Principal Office Address

12100 SW Academy Dr

Suite, Apt. #, etc.

3. Mailing Office Address

12100 SW Academy Dr

Suite, Apt. #, etc.

City & State

Lake Survey A

Zip

34269

Country

US

City & State

Lake Survey A

Zip

34269

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

4/14/98

5. FEI Number

65-0828237

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

Sheri Muir

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

162 SE Cousley Ln

Suite, Apt. #, Etc.

City

Port Charlotte

State
FL

Zip Code

33952

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

Sheri Muir

Date

7/08/02

REGISTERED AGENT MUST SIGN

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
P/H	Sheri S. Muir	162 SE Cousley Ln	Pt Charlotte FL 33952
V/S	David W. Shepard	12408 SW Sheri Ave	Lake Survey FL 34269

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:

Sheri Muir

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7/08/02 941-764-0456

Daytime Phone #