

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 APR 28 AM 11:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **PA8000034560**

1. Corporation Name

LOA of Southwest Florida, Inc.

2. Principal Office Address

12100 SW Academy Dr

Suite, Apt. #, etc.

City & State

Lake Suzy, FL

Zip

34269

Country

US

3. Mailing Office Address

12100 SW Academy Dr

Suite, Apt. #, etc.

City & State

Lake Suzy, FL

Zip

34269

Country

US

**4. Date Incorporated or Qualified
To Do Business in Florida** 04/14/98

5. FEI Number
65-082-8237

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 Glastonbury

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

162 Cousley Dr

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 Glastonbury

REGISTERED AGENT MUST SIGN

Date 04/09/04

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,S	Sheri Glastonbury	162 Cousley Dr	Port Charlotte FL 33952
VP,T	David Shepard	12408 SW Sheri Ave	Lake Suzy, 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 Glastonbury
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/09/04

Date

941-764-0456

Daytime Phone #

CR2E081 (01/04)