

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION  
FOR  
REINSTATEMENT



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

**FILED**

96 NOV 25 AM 10:18

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # S54910

1. Corporation Name

Connie L. Lenhart, P.A.  
907 Webster Street  
Leesburg, FL 34748

Principal Place of Business

Mailing Address

9933 Canterbury Drive  
Leesburg, FL 34788

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 Address, if Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**REINSTATEMENT 73-9600**

DO NOT WRITE IN THIS SPACE

4. Date Incorporated or Qualified  
To Do Business in Florida  
5/23/91

5. FEI Number  
59-3081386

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| 1. Title(s) | 2. Name of Officers and/or Directors | 3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) | 4. City / State / Zip                                          |
|-------------|--------------------------------------|----------------------------------------------------------------------------------------|----------------------------------------------------------------|
| D           | CONNIE L. LENHART                    | 9933 Canterbury Drive                                                                  | Leesburg, FL                                                   |
|             |                                      |                                                                                        | AR 6195<br>138.75 MSAPP<br>975 Adm                             |
|             |                                      |                                                                                        | 400002016404--8<br>-11/27/96--0100--003<br>***975.00 ***975.00 |
|             |                                      |                                                                                        |                                                                |
|             |                                      |                                                                                        |                                                                |
|             |                                      |                                                                                        |                                                                |
|             |                                      |                                                                                        |                                                                |

8. Name and Address of Current Registered Agent

STEPHEN G. SEWELL, ESQ.  
907 Webster Street  
Leesburg, FL 34748

9. Name and Address of New Registered Agent

|                                                    |                |
|----------------------------------------------------|----------------|
| Name                                               |                |
| Street Address (P.O. Box Number is Not Acceptable) |                |
| Suite, Apt. #, Etc.                                |                |
| City                                               | State Zip Code |
|                                                    | FL             |

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 *Stephen Sewell* Date \_\_\_\_\_  
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐ (See other side for information on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: *Connie L. Lenhart* Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR