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
98 NOV 13 AM 9:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V55543

1. Corporation Name

LJC OF SARASOTA, INC.

Principal Place of Business	Mailing Address
350 MORNINGSIDE DRIVE SARASOTA FL 34236	350 MORNINGSIDE DRIVE SARASOTA FL 34236

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 Office Address, If Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida: 07/31/1992

5. FEI Number: 65-0351543 — 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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D	CERSOSIMO, LOUIS J.	235 ~~ALADAMS~~ DR 350 Morningside DR.	SARASOTA FL

200002691802--7
-11/19/98--01081--015
****158.75 ****158.75

B. 11/17/98 AR

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
CERSOSIMO, LOUIS J. 235 ~~N ADAMS~~ DR 350 Morningside DR SARASOTA FL 34236	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City — State: FL — Zip Code

CR2E040 (9/98)

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 _____ Date _____
REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☑ No ☐ (See other side for information on intangible tax.)

12. 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: _____ 11/13/98 941-388 2692
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

TO: Division of Corporations
Annual Report

The office of this Corp - was
moved in August of 1997.
I Did not Receive first application
sent. I sent in check and
application check was sent
back to me. I called
and was instructed to send
another 150 check to a Different
Box #. I heard nothing from
Corporation Division until Nov 12
1998. Nov 13 I called &
spoke to Ty Jones and explained
that I had followed previously
instructions. Tyrone instructed
me to send in a new check

for $150.00 Check is
Enclosed for $158.75
I hope this Check will
will take care of my
Reinstatement.

Thank you
Sincerely
Larry Jenkins Pres
LTCD SARASOTA
INC

PS. Check was sent
1st
in answer to July
13 letter from Corporate
Division