PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
00 DEC -8 PM 4:25
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # 754370

1. Corporation Name

LEHIGH ACRES CHAMBER OF COMMERCE, INC.

Principal Place of Business	Mailing Address
4109 LEE BLVD. LEHIGH ACRES FL 33971 US	P.O. BOX 757 LEHIGH ACRES FL 33971 US

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: 09/26/1980

5. FEI Number: 59-1731367 ☐ 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)

100003505361--6
-12/19/00--01002--023
*****61.25 *****61.25

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	4
~~P~~	~~YOUNG, DANEEN~~	~~7091 PINNACLE DR STE E~~	FORT MYERS FL 33907
~~VD~~	YOUNG, DANEEN - HONEY	~~7091 PINNACLE PR., STE. E~~	~~FT. MYERS FL 33907~~
D ~~PE~~ P	VEALEY, PATTY MATHNEY (D)	1110 HOMESTEAD RD	LEHIGH ACRES FL 33936
D ~~TVP~~	CULVER, VICKI (D)	9 HOMESTEAD RD	LEHIGH ACRES FL 33936
D ED	~~SHUMAN, DEBRA~~ OSTROWSKI, Stephanie (D)	4109 LEE BLVD	LEHIGH ACRES FL 33971
D PE	Rob Bagans (D)	30 Colorado Road	Lehigh Acres FL 33936

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
~~SHUMAN, DEBRA~~ OSTROWSKI, Stephanie 4109 LEE BLVD LEHIGH ACRES FL 33971	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City / State FL / Zip Code

CR2E040 (8/00)

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: ~~Debra L. Shuman~~ S Ostrowski — Date: 12/04/00 / 10/10/00

REGISTERED AGENT MUST SIGN

11. 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.

S Ostrowski 12/04/00 KE

SIGNATURE: ~~Debra L. Shuman~~ — Date: 10/10/00 — Daytime Phone #: 941-369-3392

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lehigh Acres
Chamber of Commerce

P. O. Box 757 Lehigh Acres FL 33970-0757
Phone 941-369-3322 Fax 941-368-0500

October 24, 2000

Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee FL 32314-6327

Dear Sir or Madam:

I am re-ending you a re-instatement form with changes and request that our status be renewed. I sent the form and check in a timely manner and received it back. I am requesting that the late fees be waived and would appreciate consideration in this matter. I am enclosing a check for $61.25 for the fee required.
Thank you for your assistance in this matter. # 754370

Debra Shuman
Executive Director
Lehigh Acres Chamber of Commerce
P.O. Box 757
Lehigh Acres FL 33970-0757

Our Mission: To Promote and advance the economic, civic, and social welfare of the community of Lehigh Acres