

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

APPROVED AND FILED

97 NOV -3 AM 11:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 768846

1. Corporation Name
Ft. Myers Lee Co. Youth Basketball Assoc., Inc.
(DOR 000024490)

Principal Place of Business Mailing Address
9675 SPRING RIDGE CIRCLE
ESTERO, FL 33928

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable
Suite, Apt. #, etc. NA
City & State NA
Zip Country

3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc. NA
City & State NA
Zip Country

4. Date Incorporated or Qualified To Do Business in Florida 10/2 6/9/83

5. FEI Number 59-2326257 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)

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	James E. Donmayer	9675 SPRING RIDGE CIR	ESTERO, FL 33928
D	David Bennett	8814 Foraham Av	Ft. Myers, FL 33907
D	Gerald Shipley	13732 Pine Villa Ln	Ft Myers, FL 33912

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REINSTATEMENT 96-97

U. Utter 11/3/97

8. Name and Address of Current Registered Agent
G.K. Shipley
13732 Pine Villa Ln.
Ft. Myers, FL 33912

9. Name and Address of New Registered Agent
Name James E. Donmayer
Street Address (P.O. Box Number is Not Acceptable) 9675 SPRING RIDGE CIR
Suite, Apt. #, Etc.
City Estero State FL Zip Code 33928

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 James Donmayer REGISTERED AGENT MUST SIGN Date 10/20/97

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 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: JAMES DONMAYER James Donmayer 10/20/97 941-995-3600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CPRE000 (1-2-95)