

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 27 PM 2:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N00000007141

1. Corporation Name

GAY AND LESBIAN COMMUNITY CENTER OF SOUTHWEST FLORIDA, INC.

Principal Place of Business

Mailing Address

3090 EVANS AVE
FT MYERS FL 33901

P.O. BOX 546
FT MYERS FL 33902



REINSTATEMENT 03

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

4. Date Incorporated or Qualified To Do Business in Florida

10/24/2000

~~Suite, Apt. #, etc.~~
8359 BEACON BLVD, #414

~~Suite, Apt. #, etc.~~

5. FEI Number

65-1068748

Applied For

Not Applicable

City & State
FORT MYERS FL

City & State

Zip
33907

Country
USA

Zip

Country

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
CD TD	GABBARD, MICHAEL	1409 NE 17TH PL	CAPE CORAL FL 33909
CD	HOLLANDER, JONATHAN Steven MacArthur	2632 PROVIDENCE ST 3120 Seasons Way #311	FT MYERS FL 33916 ESTERO FL 33928
TD	KELLY, JAMES	9908 VANILLA LEAF ST	FT MYERS FL 33916
SD	ROSE, MARIEAN	2707 PELICAN BLVD	CAPE CORAL FL 33904
SD	RIDEOUT, KEN MARILYN HARE	1941 SE 36TH ST 9650-3 GREEN CYPRESS LANE	CAPE CORAL FL 33904 FT. MYERS FL 33905

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

KELLY, JAMES A
9908 VANILLA LEAF ST
FT MYERS FL 33919

Name

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

Suite, Apt. #, Etc.

800024164878

City

10/27/03-01051--001 **235.25

State
FL

Zip Code

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. or 617.0505, F.S.

Signature of Registered Agent

REGISTERED AGENT MUST SIGN

Date

10/22/03

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.

SIGNATURE:

Steven MacArthur

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-12-03 239-948-0700

Date

Daytime Phone #

CR2E040 (7/03)