

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # N34517

1. Corporation Name

LEE COUNTY AIDS TASK FORCE, INC.

REINSTATEMENT (99)

Principal Place of Business
2231-B MCGREGOR BLVD.
FT. MYERS FL 33901
US

Mailing Address
2231-B MCGREGOR BLVD
FT MYERS FL 33901
US

P. Allen
10/3/97

97 NOV -3 AM 11:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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

10/03/1989

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0147957

Applied For

Not Applicable

City & State

City & State

Zip

Country

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 (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
PD	HOLLAND, TIM	P.O. BOX 7170 NA	FT MYERS FL
VD	HOROWITZ, ANDREA	15529 FIDDLESTICKS BLVD	FT MYERS FL
SD	JACKSON, VALERIE	4500 LEE BLVD	LEHIGH FL
TD	PERROWE, DENNIS	2770 CLEVELAND AVE.	FT MYERS FL
D	WELLS, LOUIE JR	174 CONNECTICUT AVE	FT MYERS FL
D	BLOY, DEBBIE	15851 KNIGHTSBRIDGE CT	FT MYERS FL

See attachment

8. Name and Address of Current Registered Agent

~~GOLER, VICKI~~
~~2231-B MCGREGOR~~
~~FT MYERS FL 33901~~

9. Name and Address of New Registered Agent

Name *CARDYN L. MOORE*
Street Address (P.O. Box Number is Not Acceptable)
2231 MCGREGOR
Suite, Apt. #, Etc.

City *Ft. Myers FL* State *FL* Zip Code *33901*

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

Cardyn Moore Executive Director
REGISTERED AGENT MUST SIGN

Date *10.30.97*

000002340890--9

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30. *NA*

Yes ☐ No ☐

-11/06/97-01114-013
***24 on intangible tax \$245.00

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Andrea Straw

10.30.97 275.427

Date Daytime Phone #

CP2ED040 (8/97)



Florida Department of State
Division of Corporations

Application for Reinstatement
Document #N34517
Lee County Aids Task Force, Inc.

7. Names and Street Addresses of Each Officer and/or Director.

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City/State/Zip
PD	Horowitz, Andrea	15529 Fiddlestick Blvd.	Fort Myers, FL 33912
VD	Rolls, David	2107 Cleveland Ave.	Fort Myers, FL 33901
SD	Fowler, David	1715 Monroe Street	Fort Myers, FL 33901
TD	Pope, Elizabeth	8211 College Parkway	Fort Myers, FL 33919
D	Prather, William	1380 Colonial Blvd.	Fort Myers, FL 33901
D	Bontrager, Paul	8357 Cook Drive	Fort Myers, FL 33917