

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 MAR 17 PM 4:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N95000005440**

1. Corporation Name
THE FORT MYERS FENCING CLUB, CORPORATION

Principal Place of Business Mailing Address
**4210 FOWLER ST.
UNIT 9 & 10
FT MYERS FL 33901** **4210 FOWLER ST.
UNIT 9 & 10
FT MYERS FL 33901**

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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		11/14/1995	
City & State		City & State		5. FEI Number	
Zip		Country		65-0647917	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	
				\$8.75 Additional Fee required for a Certificate of Status	

REINSTATEMENT 97-98

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
PD	PRETTYMAN-NEELY, MICHELLE	12090 EQUESTRIAN CIR. #240T	FT. MYERS FL 33907
P/D	MICHELLE PRETTYMAN	12690 EQUESTRIAN CIR. #240T	FT. MYERS FL 33907
VB	RUNDGREN, RANDY	10007 MURGOTT DR. W	BONITA SPRINGS FL 33092
V/D	MARGARET PACE	5137 DEL PRADO BLVD.	CAPE CORAL FL 33904
SD	GOODWIN, GOTT	18250 OUTLASS DR.	FT MYERS FL 33931
S/D	CHARLES JOHNSON	4165 E. RIVER DR.	FT. MYERS FL 33901
T	LEUNG, STEPHEN	1425 ALCAZAR AVE.	FT. MYERS FL 33901
			100002464061--6 -03/20/98--0115--003 ****306.25 ****306.25

8. Name and Address of Current Registered Agent

PRETTYMAN-NEELY, MICHELLE
12090 EQUESTRIAN CIR.
#240T
FT MYERS FL 33907

9. Name and Address of New Registered Agent

Name
MICHELLE PRETTYMAN
Street Address (P.O. Box Number is Not Acceptable)
12690 EQUESTRIAN CIR.
Suite, Apt. #, Etc.
240T
City
FT. MYERS State **FL** Zip Code **33907**

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
[Signature]
REGISTERED AGENT MUST SIGN

Date **12/16/97**

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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date **12/16/97** Daytime Phone # **941 3384620**

CR2000 (09/97)