

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

97 NOV 25 PM 12:14

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # 215575

1. Corporation Name

Lee First, Inc.

Principal Place of Business

c/o NationsBank, N.A.  
 400 N. Ashley Drive  
 FL1-010-08-01  
 Tampa, FL 33602

Mailing Address

c/o NationsBank, N.A.  
 400 N. Ashley Drive  
 FL1-010-08-01  
 Tampa, FL 33602

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

2. New Principal Office Address, If Applicable

c/o NationsBank, N.A.  
 400 N. Ashley Drive  
 FL1-010-08-01

3. New Mailing Office Address, If Applicable

c/o NationsBank, N.A.  
 400 N. Ashley Drive  
 FL1-010-08-01

4. Date Incorporated or Qualified To Do Business in Florida

9/18/58

5. FEI Number

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
P/D	Monica L. Ammann	c/o NationsBank, N.A. 400 N. Ashley Drive FL1-010-08-01	Tampa, FL 33602
S/D	Robert L. Hubbs	c/o NationsBank, N.A. 2400 1st Street FL4-231-01-01	Fort Myers, FL 33901

**REINSTATEMENT**

300002361449--9  
 -12/02/97--01103--011  
 \*\*\*\*\*8.75 \*\*\*\*\*8.75  
 300002361449--9  
 -12/02/97--01103--012  
 \*\*\*\*\*2800.00 \*\*\*\*\*2800.00

8. Name and Address of Current Registered Agent

Monica L. Ammann  
 c/o NationsBank, N.A.  
 400 N. Ashley Drive  
 FL1-010-08-01  
 Tampa, FL 33602

9. Name and Address of New Registered Agent

Name  
 Monica L. Ammann  
 Street Address (P.O. Box Number Not Acceptable)  
 c/o NationsBank, N.A.  
 400 N. Ashley Drive  
 Suite, Apt. #, Etc.  
 FL1-010-08-01  
 City  
 Tampa  
 State  
 FL  
 Zip Code  
 33602

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  
  
 Monica L. Ammann REGISTERED AGENT MUST SIGN

Date  
 Nov 19, 1997

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:   
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 Monica L. Ammann, P/D

November 19, 1997 813-224-5176  
 Date Daytime Phone #

CR25040 (12/96)