

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 JUN 16 PM 3:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 703494

1. Corporation Name

Lehigh Acres Public Library Association Inc.

REINSTATEMENT

04-06

2. Principal Office Address

881 Gunnery Road

Suite, Apt. #, etc.

3. Mailing Office Address

881 Gunnery Road

Suite, Apt. #, etc.

City & State

Lehigh Acres, FL

City & State

Lehigh Acres, FL

Zip
33971

County
US

Zip
33971

County
US

4. Date Incorporated or Qualified
To Do Business in Florida

01/23/1962

5. FEI Number

59-1319461

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$3.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Kathy Krul

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

881 Gunnery Road

Suite, Apt. #, Etc.

06/27/06--01037--018 **18.75

City

Lehigh Acres

State
FL

Zip Code

33971

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Kathy Krul

REGISTERED AGENT MUST SIGN

Date May 31, 2006

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres.	James Mathisen	881 Gunnery Road	Lehigh Acres, FL 33971
VP	Casmir Krul	881 Gunnery Road	Lehigh Acres, FL 33971
Treas.	David Bartell	881 Gunnery Road	Lehigh Acres, FL 33971
Sec.	Charlotte Grove	881 Gunnery Road	Lehigh Acres, FL 33971

10. 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 contained in Chapter 119, 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 Mathisen

James Mathisen

May 29, 2006 239-369-9718

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

292

June 6, 2006

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

To Whom It May Concern,

This is to inform you that our organization was in non-receipt of annual report notices for the years of 2004, 2005, and 2006. This was due to various reasons including members moving, deaths, and organizational records not being transferred to new board members.

Sincerely,

A handwritten signature in black ink, appearing to read "Jim Mathisen", with a long horizontal flourish extending to the right.

Jim Mathisen
President
Friends of the East County Regional Library