

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS</b>		<b>FILED</b>  04 OCT -5 PM 12:06  SECRETARY OF STATE TALLAHASSEE, FLORIDA	
<b>DOCUMENT # 715442</b>					
<b>1. Corporation Name</b> COMMUNITY COUNCIL OF LEHIGH ACRES FLORIDA, INC.  203 EAST JOEL BLVD. P. O. BOX 725					
<b>2. Principal Office Address</b> 203 EAST JOEL BLVD.  Suite, Apt. #, etc. SUITE 103  City & State LEHIGH ACRES, FL  Zip 33972			<b>3. Mailing Office Address</b> P. O. BOX 725  Suite, Apt. #, etc.  City & State LEHIGH ACRES, FL  Zip 33970-0725		
Country UNITED STATES			Country UNITED STATES		
<b>4. Date Incorporated or Qualified To Do Business in Florida</b> 10/18/68					
<b>5. FEI Number</b>				<b>Applied For</b> <input checked="" type="checkbox"/> Not Applicable	
<b>6. CERTIFICATE OF STATUS DESIRED</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee required for a Certificate of Status</b>					
<b>7. Name and Address of Current Registered Agent</b>					
Name WILLARD W. BAKER					
Street Address (P.O. Box Number is Not Acceptable) 609 NORTH AVE.					
Suite, Apt. #, Etc.					
City LEHIGH ACRES				State FL	Zip Code 33972
<b>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.</b>					
Signature of Registered Agent <u>Willard W. Baker</u> Date <u>Sept. 28, 2004</u> REGISTERED AGENT MUST SIGN					
<b>9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</b>					
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director		City / State / Zip	
P/D	RICHARD A. ANGLICKIS	643 GRANDVIEW DRIVE		LEHIGH ACRES, FL 33936	
VP/D	CARLO C. LANE	120 JEFFERSON AVE.		LEHIGH ACRES, FL 33972	
VP/D	JAMES KREGER	2212 E. 6th STREET		LEHIGH ACRES, FL 33972	
S/D	REBEKAH MARTIN	5324 BYWOOD STREET		LEHIGH ACRES, FL 33971	
S/D	SHERRY RAPISALDI	18 JEFFERSON AVE.		LEHIGH ACRES, FL 33972	
T/D	MARVIN BERGER	1205 EAST 3rd STREET		LEHIGH ACRES, FL 33972	
<b>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 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.</b>					
<b>SIGNATURE:</b> <u>Richard A. Anglickis</u>		<u>RICHARD A. ANGLICKIS</u>		9/27/04 239-369-2113	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

CR2E081 (01/04)