PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

2007 Annual Report

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
07 AUG 16 PM 1:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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08/29/07--01011--001 **61.25

CR2E081 (1/07)

DOCUMENT # 715442

1. Corporation Name
COMMUNITY COUNCIL OF LEHIGH ACRES, INC.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
9 BETH STACEY BLVD	PO BOX 725
Suite, Apt. #, etc.: SUITE 103	Suite, Apt. #, etc.:
City & State: LEHIGH ACRES, FL	City & State: LEHIGH ACRES, FL
Zip: 33936 Country: USA	Zip: 33970 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 10.18.68

5. FEI Number: ☐ Applied For ☑ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name: DAMON SHELOR
Street Address (P.O. Box Number is Not Acceptable): 211 JACKSON AVENUE
Suite, Apt. #, Etc.:
City: LEHIGH ACRES State: FL Zip Code: 33972

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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: Damon Shelor Date: 8/7/2007
REGISTERED AGENT MUST SIGN

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	DAMON SHELOR	211 JACKSON AVE	LEHIGH ACRES, FL 33972
V	RICK ANGLICKIS	643 GRANDVIEW AVE	LEHIGH ACRES, FL 33936
V	GARY WARCHOL	210 LEE BOULEVARD	LEHIGH ACRES, FL 33936
T	CARLO C. LANE	120 JEFFERSON AVE	LEHIGH ACRES, FL 33972
S	OLIVER DEWEEVER	220 PLAINFIELD ST	LEHIGH ACRES, FL 33936
S	EDD. WEINER	4852 VARSITY CIRCLE	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.

O. DeWeever

SIGNATURE: OLIVER DEWEEVER 8.7.07 239-368-8278
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #