PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 JUN 16 PM 4:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 716497

1. Corporation Name
LEHIGH ACRES JAYCEES, INC.

W05-28542

05/26/05 05066 011 159250
83-05
REINSTATEMENT

400055381414

2. Principal Office Address	3. Mailing Office Address
500 SUNSHINE BLVD.	P. O. BOX 111
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: LEHIGH ACRES	City & State: LEHIGH ACRES
Zip: 33971 Country:	Zip: 33970-0111 Country:

4. Date Incorporated or Qualified To Do Business in Florida: 5/5/69

5. FEI Number: 237424309 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☑ $8.75 Additional Fee Required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: RICHARD A. ANGLICKIS

Street Address (P.O. Box Number is Not Acceptable): 643 GRANDVIEW DRIVE

Suite, Apt. #, Etc.:

City: LEHIGH ACRES State: FL Zip Code: 33936

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: Richard A. Anglickis Date: 5/24/05
REGISTERED AGENT MUST SIGN

CR2E081 (01/06)

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
P/D	RICHARD A. ANGLICKIS	643 GRANDVIEW DRIVE	LEHIGH ACRES, FL 33936
V/D	RONALD T. RICE	204 EIGHTH AVE.	LEHIGH ACRES, FL 33972
V/D	DAWN MATHISEN	1714 MARGATE BLVD.	LEHIGH ACRES, FL 33936
S/D	BRIAN BODDIE	20141 SEAGROVE ST. # 304	ESTERO, FL 33928
T/D	LAWRENCE WILLIAMS	1228 ARCHDALE ST.	LEHIGH ACRES, FL 33936
V/D	FRED ELLIOTT	1400 HOMESTEAD RD. N	LEHIGH ACRES, FL 33936

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.

SIGNATURE: Richard A. Anglickis President 5/24/05 239-369-2113
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #