

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 NOV -8 PM 4:46

DOCUMENT # 727371

1. Corporation Name

JEWISH COMMUNITY CENTER OF LEE COUNTY, INC

800003045998--8
-11/16/99--01080--010
****236.25 ****236.25

Principal Place of Business

Mailing Address

702 SE 24 AVENUE
CAPE CORAL FL 33990

702 SE 24 AVENUE
CAPE CORAL FL 33990



REINSTATEMENT 99

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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		09/05/1973	
City & State		City & State		5. FEI Number	
Zip		Country		23-7368563	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	
				§8.75 A fee of \$100.00 is 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	4. City / State / Zip
P	SIMON, HERBERT	1832 SE 8TH ST	CAPE CORAL FL 33990
VP	LASKOWITZ, DOUGLAS	410 SE 10TH CT	CAPE CORAL FL 33990
T	GITLITZ, PHYLLIS	5235 W JAMESTOWN CIR	N FR MYERS FL 33917
TR	LIEBERMAN, LILIAN	2208 SE 27TH ST	CAPE CORAL FL 33904
TR	POST, OWEN	2565 2ND ST	MATLACHA FL 33993
TR	DALEO, MILDRED	5137 YORK CT	CAPE CORAL FL 33904

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
FOX, MORRIS B 4020 DEL PRADO BLVD CAPE CORAL FL 33904		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code	
		FL	

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0506, F.S.
Signature of Registered Agent: Morris B. Fox REGISTERED AGENT MUST SIGN Date: Nov 2, 1999

11. 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: Morris B. Fox
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: MORRIS - B - FOX
Assistant Secretary
Date: Nov 2, 1999
941-542-1412