

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

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

DOCUMENT # 727371

1. Corporation Name
JEWISH COMMUNITY CENTER OF LEE COUNTY, INC.

2. Principal Office Address
702 SE 24th Avenue

3. Mailing Office Address
702 SE 24th Avenue

4. Date Incorporated or Qualified To Do Business in Florida 9/5/73

5. FEI Number 237368563

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

09/06/01 90264 016 \$65.00
REINSTATEMENT 2001

7. Name and Address of Current Registered Agent

Name: MORRIS B. FOX

Street Address (P.O. Box Number is Not Acceptable): 4020 Del Prado Blvd.

Suite, Apt. #, Etc.: Ste. A-1

City: Cape Coral, FL 33904

State: FL Zip Code: 33904

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8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0503 or 617.0503, F.S.

Signature of Registered Agent: *Morris B. Fox*

REGISTERED AGENT MUST SIGN

Date: *Sept 26, 2001*

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 D	Jim Ringenberger	30 SE 21st Ave. Cape Coral, FL 33904	Cape Coral, FL 33990
1st VP D	Marc Nudel	402 SE 30th Terr.	Cape Coral, FL 33904
2nd VP D	Bob Levy	252 SE 46th Terr.	Cape Coral, FL 33904
TR	Sara Teitelbaum	2526 SE 16th Place #109	Cape Coral, FL 33904
TR	Bernie Melnick	5817 SW 1st Ave.	Cape Coral, FL 33914
TR	Hilary Stone	20150 Haskins Rd.	North Fort Myers, FL 33917

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: *Marc Nudel*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: Marc Nudel

Date: *Sept 26, 2001*

Daytime Phone #: *941-772-4555*