

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 NOV 21 AM 8:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 743752

1. Corporation Name

Crown of Life Evangelical Lutheran
Church of Ft. Myers FLORIDA, INC.

2. Principal Office Address

5820 Daniels Parkway

Suite, Apt. #, etc.

City & State

Ft Myers FL

Zip

33912

Country

USA

3. Mailing Office Address

5820 Daniels Parkway

Suite, Apt. #, etc.

City & State

Ft Myers FL

Zip

33912

Country

USA

REINSTATEMENT

03

**4. Date Incorporated or Qualified
To Do Business in Florida**

7/28/1978

5. FEI Number

59-1864724

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

David A. LeMay

Street Address (P.O. Box Number is Not Acceptable)

445 Palm River Blvd

Suite, Apt. #, Etc.

City

Naples

State

FL

Zip Code

34110

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

David A. LeMay

REGISTERED AGENT MUST SIGN

Date 11/18/03

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
PD	Schroeder, Howard	1541 Georgian Bay Crd #11	Ft Myers FL 33912
SD	Lozen, Doug	507 Washington Ave.	Lehigh Acres FL 33972
TD	LeMay, David A	445 Palm River Blvd	Naples FL 34110

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:

David A. LeMay
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/18/03
Date

239 598 3581
Daytime Phone #

CR2E081 (10/02)