

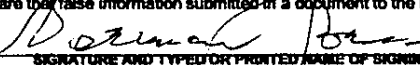
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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16 APR 26 AM 8:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E081 (11/10)

CORPORATION REINSTATEMENT 1989-2016		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 764223			
1. Corporation Name LEE COUNTY COMMUNITY BAND, INC.			
2. Principal Office Address - No P.O. Box # 1805 Sea Fan Circle		3. Mailing Office Address PO Box 6912	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State North Fort Myers, FL		City & State Fort Myers, FL 33911	
Zip 33903	County Lee	Zip 33911	County Lee
4. Date Incorporated or Qualified To Do Business in Florida 7/23/1982			
5. FEI Number		Applied For ☒ Not Applicable	
6. CERTIFICATE OF STATUS DESIRED		\$3.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent			
Name Norman Jones			
Street Address (P.O. Box Number is Not Acceptable) 1805 Sea Fan Circle			
Suite, Apt. #, Etc.			
City North Fort Myers		State FL	Zip Code 33903
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 		Date 4/13/2016	
REGISTERED AGENT MUST SIGN			
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
Pres	Norman Jones	1805 Sea Fan Circle	Fort Mers, FL 33903
V-Pres	John Fenn	13971 Blenheim Tr.Rd.	Fort Myers, FL 33908
Sec/Tres	Robert Day	800 Sunset Vista Dr.	Fort Myers, FL 33919
Dir.	Sue Rayman	4315 SW 22nd Court	Cape Coral, FL 33914
Dir.	Ross Shaver	1697 Bent Tree Circle	Fort Myers, FL 33907
10. E-mail Address: sujarian@hotmail.com (To be used for future annual report notification)			
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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.			
SIGNATURE: 		Norman Jones 4/13/2016 239-995-2097	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

K. ASHTON