PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT
1989-2016

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
16 APR 26 AM 8:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 764223

1. Corporation Name
LEE COUNTY COMMUNITY BAND, INC.

CR2E081 (11/10)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
1805 Sea Fan Circle	PO Box 6912
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: North Fort Myers, FL	City & State: Fort Myers, FL 33911
Zip: 33903 Country: Lee	Zip: 33911 Country: 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 — $8.75 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

800285062468
04/26/16--01035--027 **1850.00

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: Norman Jones 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 — Norman Jones 4/13/2016 239-995-2097
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

K. ASHTON