

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Moriam
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

97 NOV -3 AM 11:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 768846

1. Corporation Name

Ft. Myers Lee Co. Youth Basketball Assoc., Inc.
(09200024490)

Principal Place of Business

Mailing Address

9675 SPRING RIDGE CIRCLE
ESTERO, FL 33928

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/2 6/9/83

5. FEI Number

59-2326257

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee 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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
Off.D	James E. Donmayer	9675 SPRING RIDGE CIR	ESTERO, FL 33928
Off.D	David Bennett	8814 Forham Av	Ft. Myers, FL 33907
D	Gerald Shipley	13732 Pine Villa Ln	Ft Myers, FL 33912
			500002340855-7
			-11/06/97--01114--004
			****306.25 ****306.25

REINSTATEMENT

No. 91

8. Name and Address of Current Registered Agent

G.K. Shipley
13732 Pine Villa Ln.
Ft. Myers, FL 33912

9. Name and Address of New Registered Agent

Name James E. Donmayer
Street Address (P.O. Box Number is Not Acceptable)
9675 SPRING RIDGE CIR
Suite, Apt. #, Etc.
City Estero
State FL
Zip Code 33928

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

James Donmayer
REGISTERED AGENT MUST SIGN

Date 10/20/97

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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:

JAMES DONMAYER James Donmayer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/20/97
Date

941-995-3600
Daytime Phone #

CP2E(04) (1-2-95)