

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

02 NOV -5 AM 11:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # F01000004322**

**1. Corporation Name**

LEE NACHAME CORPORATION

**2. Principal Office Address**

300 Sea Oak Drive

Suite, Apt. #, etc.

City & State

Vero Beach, FL

Zip

32963

Country

USA

**3. Mailing Office Address**

P.O. Box 246

Suite, Apt. #, etc.

City & State

Palm Beach, FL

Zip

33480

Country

USA

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

08/15/01

**5. FEI Number**

65-1130267

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**REINSTATEMENT 2002**

**7. Name and Address of Current Registered Agent**

Name

CORPORATION SERVICE COMPANY

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

1201 Hays Street

Suite, Apt. #, Etc.

City

Tallahassee

State  
FL

Zip Code

32301

700008817257  
11/06/02 01001 005 \*\*\*50.00

**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

*Deborah D. Skipper*

Deborah D. Skipper  
Asst. V. Pres.

Date 11/5/02

**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
PTD	Gregory L. Wilson	300 Sea Oak Drive	Vero Beach, FL 32963
VSD	Lisa C. Wilson	300 Sea Oak Drive	Vero Beach, FL 32963

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gregory L. Wilson, President

10.24.02 561-722-2272

Date

Daytime Phone #

CR2E081 (9/01)