

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 JUN -4 PM 2:53

DOCUMENT #

538866

1. Corporation Name

CORVETTE CONNECTION
OF LEE COUNTY INC.

2. Principal Office Address

6320 ARC WAY

Suite, Apt. #, etc.

City & State

FT MYERS, FLA

Zip

33912

Country

LEE

3. Mailing Office Address

6320 ARC WAY

Suite, Apt. #, etc.

City & State

FT MYERS, FLA.

Zip

33912

Country

LEE

REINSTATEMENT 9/01

4. Date Incorporated or Qualified
To Do Business in Florida

1985

5. FEI Number

59-2731506

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

KEITH VALONE

400004474434-6

-07/13/01--01047--021

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

15396 BRIAR RIDGE CIRCLE

***1500.00 ***1500.00

Suite, Apt. #, Etc.

City

FT MYERS

State

FL

Zip Code

33912

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

Keith Valone

REGISTERED AGENT MUST SIGN

Date 5-31-2001

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.	KEITH VALONE	15396 BRIAR RIDGE CIRCLE	FT, MYERS, FLA, 33912
TRES.	LORETA VALONE	15396 BRIAR RIDGE CIRCLE	FT, MYERS, FLA, 33912
V. PRES			
SECT			
	1350.00-Adm		
	61.25-AR		
	88.75-ARcup		

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:

Keith Valone

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-31-2001

Date

941-274-6840

Daytime Phone #

CR2E081 (9/00)