

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 JUN 20 AM 8:37

DOCUMENT # K64600

1. Corporation Name

DON E. LESTER AND ASSOCIATES, INC.

Principal Place of Business

Mailing Address

801 LAUREL OAK DR
STE 400
NAPLES FL 34108
US

801 LAUREL OAK DR
STE 400
NAPLES FL 34108
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.



REINSTATEMENT

00-01

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

02/09/1989

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0113397

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
V	LESTER, DEAN C	9927 KONA ISLE CT	ORLANDO FL 32817
ST	LESTER, SUZANNE F	6100 16TH AVENUE NW 4688 OAKLEAF	NAPLES FL 34119
V	WICKLIFFE, CHARLES D	27056 JARVIS ROAD	BONITA SPRINGS FL 34135
P	LESTER, DON E	4501 TAMiami TRAIL N, #918 4688 OAKLEAF	NAPLES FL 34108 34119

100004432571--9

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

LESTER, DON E
810 LAUREL OAK DR
STE 400
NAPLES FL 34108

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

Date

5-18-01

REGISTERED AGENT MUST SIGN

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., 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

Date

Daytime Phone #

5-18-01

CR2E040 (8/00)



ACCOUNT NO. : 072100000032

REFERENCE : 192731 7234920

AUTHORIZATION :

COST LIMIT : \$ 908.75

Patricia Pignatelli

ORDER DATE : June 20, 2001

ORDER TIME : 11:05 AM

ORDER NO. : 192731-005

CUSTOMER NO: 7234920

CUSTOMER: Mr. Don Lester
Century Holdings Of Collier
801 Laurel Oak Drive
Suite 400
Naples, FL 34108

RECEIVED
01 JUN 20 AM 11:31
DIVISION OF CORPORATION

DOMESTIC FILINGS

NAME: DON E. LESTER & ASSOCIATES,
INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Janna Wilson

EXAMINER'S INITIALS _____