PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION	FLORIDA DEPARTMENT OF STATE	FILED
REINSTATEMENT	Secretary of State DIVISION OF CORPORATIONS	10 MAY 21 AM II:   7
DOCUMENT # N 000  1. Corporation Name	00001781	SECRETARY OF STATE TALLAHASSEE, FLORE
SANIBEL-CAPTIVE		i 
FOUNDATIO	400190795494	
2. Principal Office Address - No P.O. Box# 3. Mailing Office Address  119 Periwork to Way P.O. Box 1		400180785494 05/12/1001037004 **498.00
Suite, Apt. #, etc. # 152	Suite, Apt. #, etc.	4. Description of the control of the
State Sanibel, FL	Sanibel, FL	5. FEI Number Applied For Not Applied Signature Applied Not Applied For Not Ap
33957 Country Lee	33957 Country	6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status
7. Name and Address of	f Current Registered Agent	PROFIT CORPORATIONS ONLY
Street Address (P.O. Box Number is Not Acceptable)		☐ The \$600.00 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking
Suite, Apt. #, Etc. # 152		this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.
city Sanibel	State Zip Code FL 33957	400180785494
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 Date 5/11 (2010		
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	
PID John R. Morse # J / 1159 Junonia St. Sanibel, FL 33957		
P-Elect Peter Bender	r 1218 Isabel	Dr. Sanibel, FL 33957
V-PID Jonathan Tor	ngysi 5753 Pine Tre	e D. Sanibel, FC 33957
SID Jerry Edeln	van 1119 Periwinkle	e Way #152 Sanibel FL 33957
T/D Harley Derl	eth 1191 Middle G	ult Dr. Sznibel, FL 33957
TiElect Les Boyle	. 1019 Lindage	n Blvd. Sanild, FL 33957
10. E-mail Address: jerry edelman@ earth Whk.net (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., 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  SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  Date  Daytime Phone #		