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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

	RPORATI STATEM	56 67 6 14		DEPART Secretary ISION OF C	y of S			France Fr	
								ERILLARY OF STATE LLAHASSEE, FLORIDA 30104520868 70701081002 **603.75	
2. Principal Office Address - No P.O. Box # 3. Mailing 0 3300 N. Key Drive 3300 N				office Address  J. Key Drive			REI	NSTATEMENTOL-	
Suite, Apt. #, etc.				Suite, Apt. #, etc.				porated or Qualified	
City & State North Fort Myers, FL			City & State North	City & State North Fort Myers, FL			5. FEI Numbe		
<sup>Zip</sup> 3390:	3903 Country USA		<sup>Zip</sup> 33903	<sup>Zip</sup> 33903		SA	6. CERTIFICATE	''	
	7. Name and Address of Current Registered Agent								
Douglas Williams							The reinstatement fee is imposed, except in circumstances which the entity did not receive		
i i ioo biciilwood i load								or notices. By checking this box, you ertifying the prior notices were not	
Suite, Apt. #, Etc.						received and requesting the reinstatement fee be waived.			
Fort N	Myers				FL	33919			
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  REGISTERED AGENT MUST SIGN									
9. Names	and Street A	ddresses of Each Office	r and/or Director (Fl	orida nonpro	ofit corp	orations must list at le	ast 3 directors)		
Titles	Titles Name of Officers and/or Directors			Street Address of Each Officer and/or Director				City / State / Zip	
P/C	Margaret (Jeanie) Turner			3300 N. Key Drive			1 12.7	North Fort Myers, FL 33903	
VP/VC	Douglas Williams			7139 Brentwood Road			load	Fort Myers, FL 33919	
T	Todd Meiser			12979 Plantation Road			Road	Fort Myers, FL 33912	
S	Cheri Williams			7139 Brentwood Road			oad	Fort Myers, FL 33919	
D	Michelle Meiser			12979 Plantation Road			Road	Fort Myers, FL 33912	
D	Janice Lambert			17100 Tamiami Trail 83			ail 83	Punta Gorda, FL 33955	
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 heason 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 contained in Chapter 119, 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: 6/14/07 239 940 9200 SIGNATURE AND FIPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Data Daytime Phone #									

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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				
D	Angie Livesay	15042 Tamarind Cay #505	Fort Myers, FL 33908				