

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 DEC 10 PM 4:06

DOCUMENT # N000000007141

1. Corporation Name

Gay And Lesbian Community Center  
of Southwest Florida, Inc.

2. Principal Office Address

3090 Evans Ave

Suite, Apt. #, etc.

3. Mailing Office Address

PO Box 546

Suite, Apt. #, etc.

City & State

Ft. Myers, FL

City & State

Ft. Myers, FL

Zip

33901

Country

USA

Zip

33902

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

10/24/00

5. FEI Number

65-1068748

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$3.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

James A Kelly

000004726650

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

9908 Vanilla Leaf St.

12/14/01 01042 029

\*\*\*236.25 \*\*\*236.25

Suite, Apt. #, Etc.

City

Ft. Myers

State

FL

Zip Code

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

*[Signature of James A. Kelly]*

REGISTERED AGENT MUST SIGN

Date

10/31/01

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
Chair- person	Michael Gabbard (D)	1409 NE 17th Pl	Cape Coral / FL / 33909
Vice- Chair- person	Jonathan Hollander (D)	2632 Providence St	Ft. Myers / FL / 33916
Treasurer	James Kelly (D)	9908 Vanilla Leaf St	Ft. Myers / FL / 33919
Recording Secretary	Marilyn Rose (D)	3707 Pelican Blvd	Cape Coral / FL / 33904
Corresp- onding Secretary	Pearl Daiboch (D)	2919 NW 4th Pl	Cape Coral / FL / 33953

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

*[Signature of James A. Kelly]* (Director)

10/31/01 (541) 415-7788

Date

Daytime Phone #

CR2001 (9/00)