

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jun 28, 2007 8:00 A.M.
Secretary of State

DOCUMENT # *N 03000002108*

1. Corporation Name

Lee County Alliance of Legal Professionals

2. Principal Office Address - No P.O. Box #

c/o Law Office of Joseph R. Gaeta

3. Mailing Office Address

PO Box 1766

Suite, Apt. #, etc.

2261 Main Street

Suite, Apt. #, etc.

City & State

Fort Myers, FL

City & State

Fort Myers, FL

Zip

33901

Country

USA

Zip

33902

Country

USA

REINSTATEMENT 05-07
05/29/07 CR2E081 (1/07) \$358.75

4. Date Incorporated or Qualified
To Do Business in Florida

6/17/2002

5. FE Number

043712013

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

Barbara Cavallaro

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

c/o Law Office of Joseph R. Gaeta

Suite, Apt. #, Etc.

2261 Main Street

City

Fort Myers

State

FL

Zip Code

33901

☐ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Barbara Cavallaro
REGISTERED AGENT MUST SIGN

Date

6/27/07

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
P	Kelly Germanis	1715 Monroe	Fort Myers, FL 33901
VP	Linda Simpson	1715 Monroe	Fort Myers, FL 33901
S	Barbara Cavallaro	2261 Main Street	Fort Myers, FL 33901
T	Elizabeth Leveque	1715 Monroe	Fort Myers, FL 33901

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 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:

Elizabeth Leveque Elizabeth Leveque 6/27/07 239-344-1243
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #