

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

07 MAY -4 PM 4:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N04000007739

1. Corporation Name

LEE ROAD EXTENSION ASSOCIATION, INC.

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

25151 Pennyroyal Drive

Suite, Apt. #, etc.

City & State

Bonita Springs, FL

Zip

34134

Country

LEE

3. Mailing Office Address

25151 Pennyroyal Dr.

Suite, Apt. #, etc.

City & State

Bonita Springs, FL

Zip

34134

Country

Lee

REINSTATEMENT
06-07

**4. Date Incorporated or Qualified
To Do Business in Florida**

8/6/2004

5. FEI Number

20-8952447

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

FRANZ ROSINUS

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

26811 SOUTH BAY DRIVE

Suite, Apt. #, Etc.

SUITE # 350

City

BONITA SPRINGS

State

FL

Zip Code

34134

☐ 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

[Signature]
REGISTERED AGENT MUST SIGN

Date

4/27/07

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
D	FRANZ ROSINUS	25151 Pennyroyal Drive	Bonita Springs, FL
D	SCOTT WESTLAKE	831 Cozette Court, #201	Las Vegas, NV
D	HARVEY YOUNGQUIST	20750 Six L Farm Road	Estero, FL

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/27/07

Daytime Phone #

FRANZ ROSINUS

107400007739

05/24/07 01024 027 \$4297.50

400103199254