

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 OCT 13 AM 8:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N10371

1. Corporation Name

Lee County Horsemen's Association,  
INC.

**REINSTATEMENT**

600023743656  
10/13/03--01020--005 \*\*\$1.25

2. Principal Office Address

P.O. Box 314

3. Mailing Office Address

P.O. Box 314

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Ft. Myers, FL

City & State

Fort Myers, FL

Zip

33902

Country

USA

Zip

33902

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

59-2559362

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

Sylvia Derheim

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

18190 Math Road

Suite, Apt. #, Etc.

City

N. Fort Myers, FL

State  
FL

Zip Code

33917

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

Sylvia Derheim

REGISTERED AGENT MUST SIGN

Date 10.9.03

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
PLD	Sylvia Derheim	18190 Math Road	N. Fort Myers, FL 33917
VPLD	Nancy Griffin	11131 Luckett Rd Ext.	Ft. Myers, FL 33905
SLD	Danna Barley	3521 Sand Road	Cape Coral, FL 33993
TLD	Sue Wiseman	15921 Quail Trail	Ft. Myers, FL 33912

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)(f), 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:

Sylvia Derheim

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10.9.03

Date

Daytime Phone #

CR2001 (10/02)

2/10/14