

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2017 MAY 18 PM 2:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N188aa

1. Corporation Name

Lee Plantation Property Owners Association, Inc

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

16266 San Carlos Blvd

Suite, Apt. #, etc.

10

City & State

Rt 1, Myers

Zip

33908

Country

US

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Zip

Country

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

1/26/57

5. FEI Number

59-2772397

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

Matthew Deavers

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

16266 San Carlos Blvd #10

Suite, Apt. #, Etc.

10

City

Rt 1, Myers

State

FL

Zip Code

33908

600299425906
05/18/17--01018--009 **\$1.25

600299425906
05/18/17--01018--009 **\$175.00

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]

Date

5/2/17

REGISTERED AGENT MUST SIGN

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
<u>Pres</u>	<u>Tom Russo</u>	<u>16266 San Carlos Blvd #10</u>	<u>Rt 1, Myers FL 33908</u>
<u>VP</u>	<u>Peter Behrensprung</u>		
<u>Treas</u>	<u>Bob Cleveland</u>		
<u>Sec</u>	<u>Jim Underwood</u>		
<u>Dir</u>	<u>David Page</u>		

MAY 10 2017

G. CARROTHERS

10. E-mail Address: max@sandcastlepub.com

(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/2/17

Date

2394663330

Daytime Phone #