

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 JUL 10 PM 12: 26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N18942

1. Corporation Name

LEE COUNTY FISHING REEF ASSOCIATION, INC.

Principal Place of Business

Mailing Address

P.O. BOX 1022
BOCA GRANDE FL 33921

P.O. BOX 1022
BOCA GRANDE FL 33921



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

P.O. Box 1128

3. New Mailing Office Address, If Applicable

P.O. Box 1128

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Boca Grande, FL

City & State

Boca Grande, FL

Zip

33921

Country

Lee

Zip

33921

Country

Lee

REINSTATEMENT

99-00

4. Date Incorporated or Qualified
To Do Business in Florida

01/27/1987

SP

5. FEI Number

65-0010111

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
D	SHERMAN, DAVID	P O BOX 1022 N/A	BOCA GRANDE FL
PD	Harrison, Charles W.	180 Damifiwill Street	Boca Grande, FL 33921
D	KNIGHT, EUGENE	P O BOX 1022 N/A	BOCA GRANDE FL
SD	Knight, Jr., Johns	4th Street	Boca Grande, FL 33921
D	RODRIGUEZ, RAYMOND	P O BOX 1022 N/A	BOCA GRANDE FL
TD	Campo, Daniel E.	110 Damifino Street	Boca Grande, FL 33921
D	ITALIANO, NELSON	1 PALM AVENUE	BOCA GRANDE FL
D	HARRISON, CHARLES W.	180 DAMIFWILL ST	BOCA GRANDE FL

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8. Name and Address of Current Registered Agent

ITALIANO, NELSON
150 PALM AVENUE
BOCA GRANDE FL 33921

9. Name and Address of New Registered Agent

Name
Daniel E. Campo
Street Address (P.O. Box Number is Not Acceptable)
110 Damifino Street
Suite, Apt. #, Etc.
P.O. Box 1128
City
Boca Grande

State
FL
Zip Code
33921

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 3/16/00

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., 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 REQUIRED
Daniel E. Campo

Date

3/16/00

Daytime Phone #

941-964-0554

CR2E(40) (8/99)