

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONSFILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 NOV 30 AM 11:39

DOCUMENT # N37871

1. Corporation Name

Fort Myers Beach Civic Association, Inc.

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

291 PALERMO CIR

Suite, Apt. #, etc.

Fort Myers Beach

City & State

Fort Myers Beach FL

Zip

33931

Country

USA

3. Mailing Office Address

2356 P.O. Box

Suite, Apt. #, etc.

City & State

Fort Myers Bch. FL

Zip

33932

Country

USA

7. Name and Address of Current Registered Agent

Name DEAN Southworth

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

16A IBIS ST.

Suite, Apt. #, Etc.

City

Fort Myers Bch.

State

FL

Zip Code

33931

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

Dean Southworth

REGISTERED AGENT MUST SIGN

Date 10-17-2009

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
Dir.	DENNIS Boback	280 DONORA Blvd.	Fr. Myers Bch. Fl. 33931
Dir.	FRANK Schilling	6672 Estero Blvd.	Fr. Myers Bch. Fl. 33931
Dir.	Cherie Smith	180 GRET ST.	Fr. Myers Bch. Fl. 33931
Dir.	SANDI Suter	291 Palermo Cir.	Fr. Myers Bch. Fl. 33931
Dir.	PAT Smith	50 Fairview Blvd.	Fr. Myers Bch. Fl. 33931
Dir.	BETTY SIMPSON	180 Curlew St.	Fr. Myers Bch. Fl. 33931

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/17-09

Date

Daytime Phone #

239 470 3407

#N37871

ADDITIONAL OFFICERS + DIRECTORS

TITLE

TD DEAN SOUTHWORTH
169 IBIS ST.
FORT MYERS BEACH, FL 33931

D LEE MELSEK
291 PALERMO CIR.
FORT MYERS BEACH, FL 33931

D HARRY HEIST
P.O. Box 2356
FORT MYERS BEACH, FL 33931