PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT FLORIDA DEPARTMENT OF STATE Secretary of State Division of Corporations	FILED 07 APR -9 PM 2: 15 TALLAHASSEE, FLORIDA
DOCUMENT # N45945 1. Corporation Name Estero Island Historic Society, The.	##306.25
2. Principal Office Address - No P.O. Box # 161 Bay Rd Suite, Apt. #. etc. 2. Mailing Office Address PO Box 2815 Suite, Apt. #, etc.	REINSTATEMENT <u>03-07</u> CR2E081 (1/07)
Suite, Apt. #, etc. Bay Street Suite, Apt. #, etc.	4. Date Incorporated or Qualified To Do Business in Florida 1991
City & State Ft Myers Beach FL Ft Myers Beach FC	5. FEI Number Applied For
33931 USA Zip Country 33932 Country Lee	6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status
7. Name and Address of Current Registered Agent Name Fran Santini Street Address (P.O. Box Number is Not Acceptable) 191 Prima Dr Suite, Apt. #, Etc. City Fort Maes Seach State Zip Code FL 3393/	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 Date 4-4-07 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 Street Address of Ea Officers and/or Directors Officer and/or Direct	
P Ted Reckwordt 1 274 Curlew St	Fort Myers Boach P2 33931
T Fran Santini 191 Primo Dr.	Fort Myers Beacl FL 33931
5 Shirley Davis 8000 Lagoon R	Pd Fot Myers Beard a 33931
VP Leroy Hommerding 2755 Estero 1	Blud Forthyers Beach FL 33931
D Jo Hughes 17624 Ospray J.	ulet A Fort Myors FL 33908
D A.J. Bassett 118 Mandalay	Fort Myers Beach 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 filling 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 Date Date	