

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Glenda S. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 DEC 26 AM 8:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **N47773**

1. Corporation Name

**LEE COUNTY EXTENSION ADVISORY BOARD INC.**

Principal Place of Business

3406 PALM BEACH BLVD  
FT MYERS FL 33916  
US

Mailing Address

3406 PALM BEACH BLVD  
FT MYERS FL 33916  
US

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

2. New Principal Office Address, if Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, if Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

03/09/1992

5. FEI Number

65-0333586

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

REINSTATEMENT 03



200024335792  
10/31/03--01075--004 \*\*175.00

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
VPD	ROEDER, MIKE	2929 BONITA STREET	FORT MYERS FL 33901
PD	HANMER, BONNIE	7721 NALLE GRADE RD	FORT MYERS FL 33917
TD	LEPPERT, DOTTY	1714 SW 11TH AVENUE	CAPE CORAL FL 33991
SD	SWANSON, JANET	3037 SE 11TH AVE	CAPE CORAL FL 33904
T	CERNEY, WILL	5371 DEL MONTE COURT	CAPE CORAL FL 33904
T	ULMAN, DOTTIE	2931 5TH AVE	CAPE CORAL FL 33904

8. Name and Address of Current Registered Agent

HEDGE, SUSAN L  
3406 PALM BEACH BLVD  
FT MYERS FL 33916

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

12/26/03--01081--022 \*\*61.25

200024335792

12/26/03--01081--022 \*\*61.25

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. or 617.0505, F.S.

Signature of  
Registered Agent

*Susan L Hedge*

REGISTERED AGENT MUST SIGN

Date

*Oct. 24, 03*

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:

*Bonnie Hanmer* *Bonnie Hanmer*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-24-03

Date

(239) 543-8368

Daytime Phone #

CR2E040 (7/03)