

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 OCT -2 PM 12:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N93000003852(1)

1. Corporation Name
Lee Guardianship Services, Inc.

2. Principal Office Address
3783 Seago Lane

3. Mailing Office Address
3783 Seago Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Fort Myers, FL

City & State
Fort Myers, FL 33

Zip Country
33901 USA

Zip Country
33901 USA

4. Date incorporated or Qualified To Do Business in Florida 08/25/1993

5. FEI Number 65-0432968 Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

REINSTATEMENT 98-03

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10/02/03--01019--011 **551.25

7. Name and Address of Current Registered Agent

Name
Julie Osterhout

Street Address (P.O. Box Number is Not Acceptable)
3783 Seago Lane

Suite, Apt. #, Etc.

City
Fort Myers

State Zip Code
FL 33901

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 *Julie Osterhout*
REGISTERED AGENT MUST SIGN

Date 9-24-03

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
P/D	Julie Osterhout	Route 2, Box 134, Pollywog Point	LaBelle, FL 33935
V/D	Lance McKinney	7481 Bear Hollow Circle	Fort Myers, FL 33912
S/D	Beth Prather	1227 Walden Drive	Fort Myers, FL 33901
T/D	Britton Goodlad Swank	8905 Ashford Gables Court	Tampa, FL 33626

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 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: *Julie Osterhout* Julie Osterhout 9/24/03 (239) 939-4888
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (10/02)

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