

**CORPORATION
REINSTATEMENT**



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

DOCUMENT # **N98000003995**

1. Corporation Name

Lee County Lacrosse, Inc.

FILED
01 JAN 23 AM 11:25
SECRETARY OF STATE
TALLAHASSEE FLORIDA

| | | | |
|---|--|---|--|
| 2. Principal Office Address 210 SW 44th Terrace Suite, Apt. #, etc. City & State Cape Coral, FL Zip 33914 | | 3. Mailing Office Address same Suite, Apt. #, etc. City & State City & State Zip Country USA | |
|---|--|---|--|

REINSTATEMENT

| | |
|--|-------------------------------|
| 4. Date Incorporated or Qualified To Do Business in Florida 1/8/98 | |
| 5. FEI Number 311612931 | Applied For Not Applicable |
| 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$9.75 Additional Fee required for a Certificate of Status | |

| | |
|--|-------------|
| 7. Name and Address of Current Registered Agent | |
| Name Carolyn Quinones | |
| Street Address (P.O. Box Number is Not Acceptable) 13515 Bell Tower Dr., #101 | |
| Suite, Apt. #, Etc. | |
| City Fort Myers | State FL |
| Zip Code 33907 | |

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****297.50 ****297.50

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 807.0505 or 617.0503, F.S.

Signature of Registered Agent Carolyn Quinones
Carolyn Quinones REGISTERED AGENT MUST SIGN

Date 1/18/01

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 | Don Munson | 2538 SW 13th Ave. | Cape Coral, FL 33913 |
| S | Carolyn Quinones | 210 SW 44th Terrace | Cape Coral, FL 33914 |
| T | Joe Rand | 11240 Marblehead Manor | Fort Myers, FL 33908 |
| D | Brian Gifford | 1626 Passaic Ave. | Fort Myers, FL 33901 |
| D | Jim Nieminski | 1235 Cleburne Dr. | Fort Myers, FL 33919 |
| | | | |

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 807 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 807.0401 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: Don Munson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Don Munson, President

1/18/01

Date

941-433-7707

Daytime Phone #

CR2081 (9/99)