

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

Page 1 of 2

CORPORATION

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 MAY 13 AM 11:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *P01000051782*

1. Corporation Name

B.U.C.H. of Lee County, Inc.

2. Principal Office Address

2221 S.W. 43rd Lane

Suite, Apt. #, etc.

3. Mailing Office Address

Same 2221 SW 43rd Lane

Suite, Apt. #, etc.

City & State

Cape Coral FL

Zip

33914

Country

USA

City & State

Cape Coral FL

Zip

33914

Country

USA

000020256410

05/23/03--01074--003 **300.00

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-0678529

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Shelly A. Derouen

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

12730 New Brittany Blvd #406

Suite, Apt. #, Etc.

City

Ft Myers FL

State

FL

Zip Code

33907

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of
Registered Agent

Shelly A. Derouen

REGISTERED AGENT MUST SIGN

Date

4/21/03

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
<i>PSTE</i>	<i>Kuhn, Barbara</i>	<i>2221 SW 43rd Lane</i>	<i>Cape Coral FL 33914</i>
<i>1</i>			

02-03 URE

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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:

Barbara Kuhn

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

28 Apr 03

Daytime Phone #

CR2E081 (10/02)

ATTACHMENT

Payroll

April 21, 2003

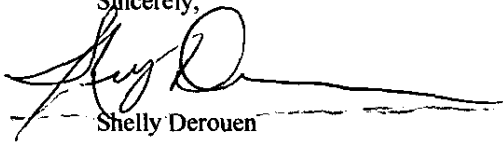
RE: B.U.C.H. of Lee County, Inc.

P01000051782

Please be advised that Form UBR was not received for the above referenced corporation. Please find enclosed a reinstatement form and a check in the amount of \$300.00.

Should you have any questions, you may reach me at (239)410-4877.

Sincerely,

A handwritten signature in dark ink, appearing to read 'Shelly Derouen', is written over a horizontal line.

Shelly Derouen