

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

04 FEB -3 PM 3:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000114713**

1. Corporation Name

**CLG OF SOUTHWEST FLORIDA, INC**

**500028067895**  
02/03/04--01004--005 \*\*300.00

**REINSTATEMENT 03-04**

2. Principal Office Address

**1060 MATECUMBE KEY ROAD - SAME -**

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

**PUNTA GORDA, FL**

City & State

Zip

**33955**

Country

**USA**

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

**10-23-2002**

5. FEI Number

**03-0488663**

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

**CATHERINE L. GETZ**

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

**1060 MATECUMBE KEY ROAD**

Suite, Apt. #, Etc.

City

**PUNTA GORDA**

State  
**FL**

Zip Code

**33955**

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

*Catherine L. Getz*

Date

**1-28-04**

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 Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	CATHERINE L. GETZ	1060 MATECUMBE KEY RD.	PUNTA GORDA, FL 33955
T, S	JAMES R. GETZ	1060 MATECUMBE KEY RD.	PUNTA GORDA, FL 33955

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:

*Catherine L. Getz*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-28-04 941-637-6324**

Date

Daytime Phone #

CR2E081 (10/02)


CLG of Southwest Florida, Inc.  
1060 Matecumbe Key Road  
Punta Gorda, Fl. 33955  
January 28, 2004

Florida Department of State  
Reference: Application for Reinstatement  
Request for waiver of penalties

Enclosed is the Application for Reinstatement of Corporate status for CLG of Southwest Florida, Inc. along with the \$150 filing fees for both years 2003 and 2004.

I am also requesting a waiver of late filing fees due to circumstances. The address on your system was the Registered Agent's and we did not receive either the notice for renewal or dissolution in 2003. We are putting our Corporation address on this Reinstatement request which should avoid this problem in the future.

Thank you for your attention to this request.



Catherine L. Getz, President