

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM:

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

00 MAY 30 PM 1:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #**

P 94000035799

1. Corporation Name

A.I.C.S. of Lee County, Inc.

2. Principal Office Address

2126 S.W.48th Terrace

Suite, Apt. #, etc.

City & State

Cape Coral

Zip

33914

Country

FL

3. Mailing Office Address

2126 S.W.48th Terrace

Suite, Apt. #, etc.

City & State

Cape Coral

Zip

33914

Country

FL

4. Date Incorporated or Qualified  
To Do Business in Florida

05/09/1994

5. FEI Number

65-0493311

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

Christine Mickuleit

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

1634 S.E. 47th Street

Suite, Apt. #, Etc.

Suite # 3

City

Cape Coral

500003296825-2

06/20/00-01042-00

\*\*\*\$300.00 \*\*\*\$300.00

State

FL

Zip Code

33904

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

*Christine Mickuleit*

REGISTERED AGENT MUST SIGN

Date 05/15/2000

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
PD	Odwarka, Andreas	2126 S.W.48th Terrace	Cape Coral, FL, 33914

**REINSTATEMENT**

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)(l), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05.24.00

Date

941-549-9499

Daytime Phone #